

Mental Health Response Advisory Committee (MHRAC)
Meeting Minutes
Tuesday, September 19, 2017

In Attendance:

Co-Chair Danny Whatley, The Rock at Noon Day
Rick Miera, Executive Committee
Nancy Koenigsberg, Disability Rights NM
Nils Rosenbaum, M.D., APD Behavioral Health
Division
Paula Burton, Peer Representative
David Webster -
Ellen Braden, CABQ-Dept. of Family & Comm.
Services
Robert Salazar, NAMI/Peer Representative
Michele Franowski, F I C
Lieutenant. Zach Wesley
Betty Whiton, NAMI
William E. Narrow, MD., M.P.H., UNM Dept. of
Psychiatry

Steve Bringe, Peer Representative
Auditor: Cynthia Martinez, APD
Scribe: Yvette Marentes, APD

Absent:

Det. Matt Tinney, APD Crisis Intervention Unit
David Ley, NM Solutions
Yvette Garcia, APD/C.O.A.S.T.

Meeting called to order at 5:01 pm, quorum of 10 was met at time of start.

Welcome first time guests

There were a few new guest in attendance, Ryan Deeds introduced himself; he recently became an eCIT certified officer, Owen Holly, a professor at the University of New Mexico and a board member from NAMI (National Alliance on Mental Illness.)

Approval of meeting minutes

Motion made by Danny Whatley to approve August 2017 meeting minutes.
Discussion on meeting minutes and amendments to the minutes were suggested.

Motion made by Danny Whatley to approve August 2017 meeting minutes as amended.
Minutes approved with amendments. 10-0

Lieutenant John Gonzales replacement

Nominations were made to appoint a replacement for John Gonzales. Lieutenant Zach Wesley was nominated by Nils Rosenbaum. Nominations were closed by Danny Whatley with none opposed to the nomination. Lieutenant Zach Wesley joined the MHRAC Board..

Nominations for other council members

Three (3) more members of the board are still needed. Please think about anyone that you think would be a good fit, this will be addressed again at an upcoming meeting.

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SOP 2-19 Comments Review

Rick Miera and Danny Whatley are working on presenting these, there have been no changes or suggestions to the way they are written. Nancy Koenigsberg sent her corrections to Danny to review. Nancy Koenigsberg let the group know that the policy changes are small however it is valuable to see the willingness of APD to make adjustments and are accepting of feedback for improvement. She has minor suggestions, and hopes there comes a time when behavioral health infrastructure is in place so it is less necessary to have these interactions. At this time, it is an excellent guide and she appreciates the work that has been done to put this together.

Danny Whatley stated that due to lack of services available, we are seeing more incidents with people in mental health crisis on the streets. We have had more and more violence lately, there was almost an assault at the Rock at Noon Day today. It is one of those things where we are seeing more and more homeless in crisis.

The officers in attendance were asked if they had any feedback regarding these concerns and what their experience is when out in the field. Deputy Chief Eric Garcia let the group know that yes, there is an increase in calls for service each year and Lieutenant Zach Wesley agreed that there is definitely an increase but it is mainly due to our society and as society grows so does substance abuse problems which in turn, lead to more mental health issues. With limited services in Albuquerque, families have nowhere to turn to get the help that is needed and end up turning to APD.

A few months ago when Dr Eide from the Metropolitan Detention Center (MDC) came to speak about the Arnold Assessment Tool, she stated that jailed diversion is sometimes treatment diversion. Sometimes we move to get people out of jail or diverted from jail but their needs to be a system in place to keep them if needed. Normally folks will have time to detox and get stabilized if they are incarcerated. Rick Miera stated that we are going to continue to have the discussion that jail diversion is also treatment diversion discussion at the MDC Oversight meeting coming up.

Reminder SOPRC meeting is tomorrow, 09.20.2017 at 1:00pm, Cynthia Martinez apologized for the quick turnaround but it is necessary.

Public Comment (two minutes per person, 15 minutes total)

Deputy Chief Eric Garcia informed everyone at MHRAC that effective last week 09.15.2017 he has removed himself from CASA oversight and is returning to his position over the Investigative Bureau. Deputy Chief Eric Garcia stated the reason he stepped down is, he was promised staff, support, and the ability to make decisions, but he was unable to do so. He wasn't given the authority that he needed and there were too many conflicts. It was his suggestion to change things back to the way they were. One of the contributing factors was Acting Major Shane Rogers retired, he had taken charge of the Investigative

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Bureau, and with his retirement Deputy Chief Eric Garcia was doing two jobs. We will have a better idea of what is going to happen after the election is over.

~ Jim Ogle, an attendee at the meeting made a comment that there is an issue of police and first responders not being able to do their jobs and he thinks the issue will get worse if the federal government cuts Medicaid or decreases the coverage. He asked if MHRAC can put together a joint statement to go to the Department of Justice and up the ladder. There is an increased number of people on the streets with mental health issues.

Danny Whatley responded and stated that if we couched it within the responsibilities CASA has given MHRAC we can put something together but it may be limited.

Nancy Koenigsberg thinks it is a fabulous idea, the senate is moving now to try and get a bill passed before the end of the month that will decimate Medicaid as we know it. Maybe MHRAC can find a paragraph in the CASA to advocate to. We can also look at what is going on the state level and on the federal level that is happening now.

Jim Ogle (attendee) stated that it is something even after Oct. 1 people are going to be playing with the health system. Somehow it needs to show Law enforcement and behavioral health are intertwined and need to work together.

Danny Whatley let him know that we have members in every sub committees from every resource, we can put on the agenda upcoming. To discuss how to focus community wide efforts in a way that makes sense.

Rick Miera stated that this topic might be appropriate for our SOPRC meeting tomorrow. Because this topic deals with behavioral health and if we are collectively putting together a statement it may be a good idea to discuss. ~

~ Danny Whatley stated that the problem is that we have invested all of these resources and they are letting people that we have been treating back out of jail. Some people will not seek treatment if they are released.

Jim Ogle agreed that people are on their medication while in the jail, however that may not be the case after released. ~

~ Deputy Chief Eric Garcia made an announcement congratulating CIU Detective Justin Trebitowski on his promotion to sergeant which will take place on the 29th. ~

Presentation and discussion (Dr. Winograd)

Presentation attached to the meeting minutes and can be found on the MHRAC website at:
<https://www.cabq.gov/mental-health-response-advisory-committee/mental-health-response-advisory-committee-resources-links-documents/mental-health-response-advisory-committee-documents>

Questions/Clarification:

What is considered use of force?

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The definition of use of force has changed because there are so many hands on interactions with the public. Deputy Chief Eric Garcia stated that the use of force has gone up by number because of the definition change. In the past the definition was for only serious uses of force, now it includes even the minor ones.

An attendee asked, what was not considered use of force that is now considered?

Basically it is anything that is hands on, if you are under arrest and you do not comply and an officer grabs your hands and puts them behind your back that is a use of force. In the past it was not considered a use of force but now it is.

There was some concern in the audience about use of force with a women that was recently in the paper. It was explained that she was taken to the hospital by police because she was suicidal and wanted to “die by cop” she was released a short time later. Police were called out again and she came out with a wallet pretending it was a weapon, she was taken back into custody and released soon after again. Police were then called again, she had a gun and was trying to fight with police and, during this incident, she was shot in the leg.

Nils Rosenbaum stated that she clearly needs help but if someone is determined to hurt and kill themselves there is not much that can be done. They have talked to her and tried to reason with her and she was very determined. Danny Whatley wanted to confirm that when officers are trained, they are not trained to shoot someone in the leg, it is a lethal shot. Deputy Chief Eric Garcia confirmed that is true however there was a CIT officer on the scene and they tried to handle it as best as they could.

-A member in the audience asked what area on the map of the presentation needs more eCIT officers. It was explained that the area that needs more eCIT officers is mainly the foothills command and the Northeast. (Look at map with red zone)

-Nils Rosenbaum informed the group that APD now has resident Psychiatrists in their 2nd year that are going out with officers during visits. (Partnerships slides)

-Jim Ogle, an attendee asked about the beginning of presentation it was discussed the number of calls where people had weapons. Do you keep track of whether officers knew there were weapons when they were going into the call?

Deputy Chief Eric Garcia explained that the information is not tracked but dispatch will give the officer as much information as possible going into the call.

Dr. Winograd stated that they can take a look at it but not sure if there is enough data to be accurate when reporting these types of numbers. Maybe we can see which of these are common scenarios.

-Nancy Koenigsberg mentioned that collectively tracking what is obligated in the CASA is helpful and being able to ask questions is helpful.

She asked Dr. Winograd about a comment that was made a few times that if there is one firearm death, and it goes viral that is a problem, she wanted to know what he meant by the comment.

Dr. Winograd stated that he is showing us statistics and the actual numbers are small but you get an incident that becomes huge in the media. If one goes bad, it becomes a huge thing. There is statistical significations and social significance. Numbers are low and officers are doing better and better. This is the reason we need to have systems of support.

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- Betty Whiton asked what percentage of calls go to a home as opposed to on the street.

Dr. Winograd stated that this is not being tracked at the moment but that we can take a look at location and can start to track that kind of data. We are starting to be able to take a much closer look at familiar faces and other individuals and repeat individuals.

Betty Whiton stated that we also need to be able to look at repeat contacts and see more data on that as well.

Report and update from CIU, APD and Dr. Rosenbaum

Nils Rosenbaum stated things are going very well in the Crisis Intervention Unit, two new C.O.A.S.T. people will be hired, we are continuing to work towards 12 detectives and a sergeant in the unit at some point.

Deputy Chief Eric Garcia stated that the sergeant position will open up next week and we should have a total of 12 officers by end of October.

Nils Rosenbaum let the group know that the IACP (International Association of Chiefs of Police) has a production film and they are making a short film of APD's Crisis Intervention Team, Crisis Intervention Unit, and the whole program that will be shown to IACP and then will be our video. Danny Whatley and Robert Salazar were both interviewed and did a great job.

Danny Whatley stated that for the Video, there were 5 people interviewed and 4 were from MHRAC; once the film is finished they will bring it and show it to MHRAC.

Nils Rosenbaum discussed the CIT international conference and that it went very well it was in Florida. CIU presented on the ECHO model, Dr. Winograd presented very similar presentation as to what he did today, one on CIT after the DOJ, and one on active listening. All presentations were well received. A lot of people from other cities and states wanted information and have contacted them.

Discussion of MOU between APD and UNM

The update is that the MOU's are on the cusp of being signed by everyone that needs to sign it. No further updates.

Nancy Koenigsberg added that she read a description of incident she thinks that people should know about. It stated that on August 23rd, narcotics officers went to Robinson Park with the Crisis Intervention Unit and the Crisis Outreach and Support Team and made felony arrests as well as community outreach for people that needed it. She thinks it is a pretty terrific outcome.

Danny Whatley added that St. Martins is now utilizing the Chiefs overtime which is a good thing, he thinks MHRAC has had a lot to do with this outcome.

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Report and update from sub-committees

Paula Burton stated that the most important thing is to let everyone know that Training Sub-Committee meeting has been moved to October 2nd. We have more on our plate now courtesy of the community. We are reviewing the models of the CIT training and trying to get started on our statement for the end of year review. They are considering all of the good things and not so good thing and what they would like to see happen. They can definitely use more hands and minds if anyone else is interested in joining the Training Sub-Committee.

Danny Whatley asked for clarification on the role of the training sub committee

Cynthia Martinez explained that the training subcommittee is going through and formally reviewing all CIT related classes, such as the cadet classes, the 40 hour class, the 8 hour CIT Class, and the Telecommunicator CIT Class, as well as anything else that BHD teaches that MHRAC can give feedback on. The committee reviews 2-4 classes and then meets monthly to discuss the trainings and make recommendations on any changes they think should be made.

- **Verify every member has a sub committee**

Danny Whatley stated that all members of MHRAC need to be a member of a sub-committee. These are things we have gotten written up for in the past from the monitor.

Ellen Braden stated that they are without a chair for the Resource Sub-Committee, they are meeting directly after this meeting if you need a sub-committee to get onto, meet with us.

Ellen Braden also stated that the agency was selected for the Mobile Crisis Teams and they are under contract negotiations but cannot discuss many details as the contracts are not finalized.

Comments from Co-chairs

-Nancy Koenigsberg had a comment about incident goes viral that was brought up previously in during Dr. Winograd's presentation. She commented that if something goes bad and somebody dies it is an opportunity to look at it and see if anything could have been done to prevent the death. If we talk about things such as social response but to say that it being on the media means that either the police are blamed or person's life is devalued somehow, she is uncomfortable with that. Training is to recognize if there is something to be learned. Just because there are only a few deaths, doesn't mean it is a good thing. What can we learn and recognize from that.

Danny Whatley comment on this and stated that he doesn't think that is what Dr. Winograd meant but we all understand what Nancy Koenigsberg means by these comments.

Deputy Chief Eric Garcia commented that we are learning from what is happening. To see that these numbers are going down means we are doing something right but we do learn from it. If an instant doesn't turn out the way we want it to and the way community wants, we do not want to detract from what we have done and the progress that has been made.

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Paula Burton addresses that the sensationalism doesn't devalue the life that was taken but puts devalues their life of the life that took that person more than just their job. One thing goes viral and then the public goes after that person.

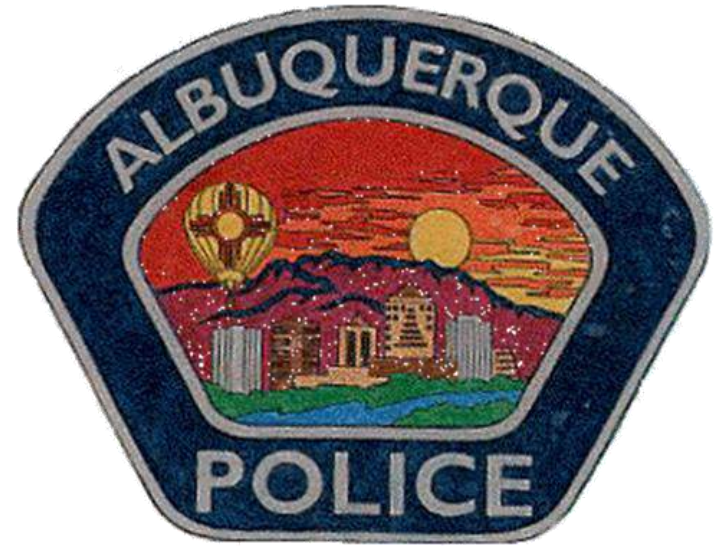
-Danny Whatley discussed the end of year report and updated everyone that MHRAC should have a rough draft by the October meeting.

Next meeting, 10/17/2017, 2017 (Discuss Thanksgiving week meeting)

Think about November and December meetings so that we can think about those meetings falling so close to the holidays and discuss at next meeting.

Meeting was adjourned at 6:43pm

The Albuquerque Police Department Crisis Intervention Unit Data Book: A Working Compendium



Version Date: September 15, 2017

**Dr. Peter Winograd, Policy Analyst, CIU, APD
pwinograd@cabq.gov**

**Kylynn Brown, Data Analyst, CIU, APD
kylynnbrown@cabq.gov**

Background

In 2014, the City Of Albuquerque and the U.S. Department of Justice entered into an agreement often referred to as the CASA (Court Appointed Settlement Agreement) which identified a number of actions to be completed by the Albuquerque Police Department (APD).

The CASA paragraphs #129 and #137 direct APD to collect data on the use of crisis intervention certified responders for management purposes and to demonstrate the impact of and inform modifications to crisis prevention services. These data include:

- date, shift, and area command of the incident;
- subject's age, race/ethnicity, and gender;
- whether the subject was armed and the type of weapon;
- whether the subject claims to be a U.S. military veteran;
- name and badge number of crisis intervention certified responder or CIU detective on the scene;
- whether a supervisor responded to the scene;
- techniques or equipment used;
- any injuries to officers, subjects, or others;
- disposition of the encounter (e.g., arrest, citation, referral); and
- a brief narrative of the event (if not included in any other document).
- number of individuals in the COAST and CIU case loads;
- number of individuals receiving crisis prevention services

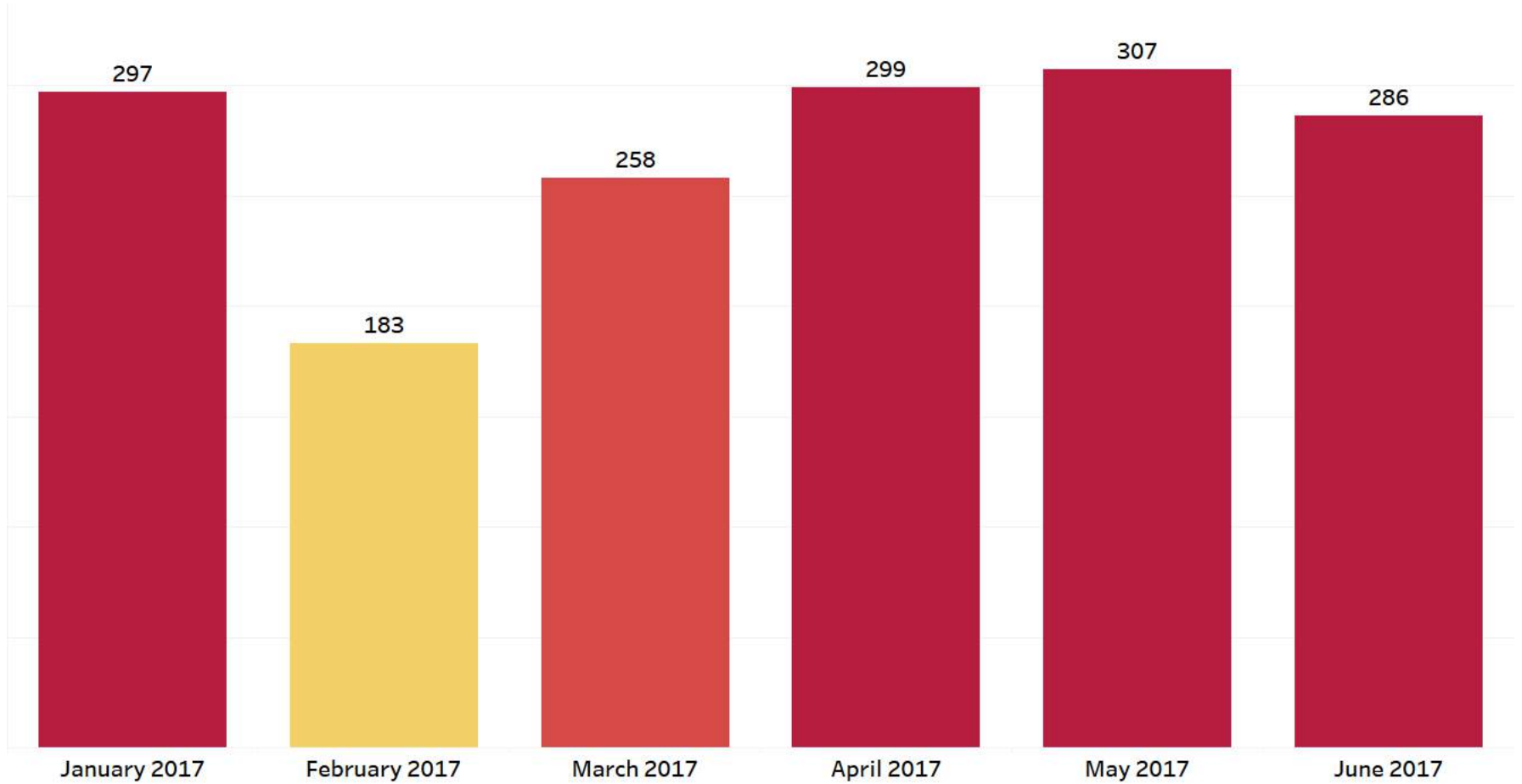
CASA paragraph #130 also directs APD to these data to continually improve police training; practices and polices; and to identify systemic issues that impede the Department's ability to provide an appropriate responses individuals experiencing a mental health crisis.

The APD Crisis Intervention Unit Data Book is one way APD provides information about these data and our efforts to use this information to continually strengthen our ability to protect and serve our community.

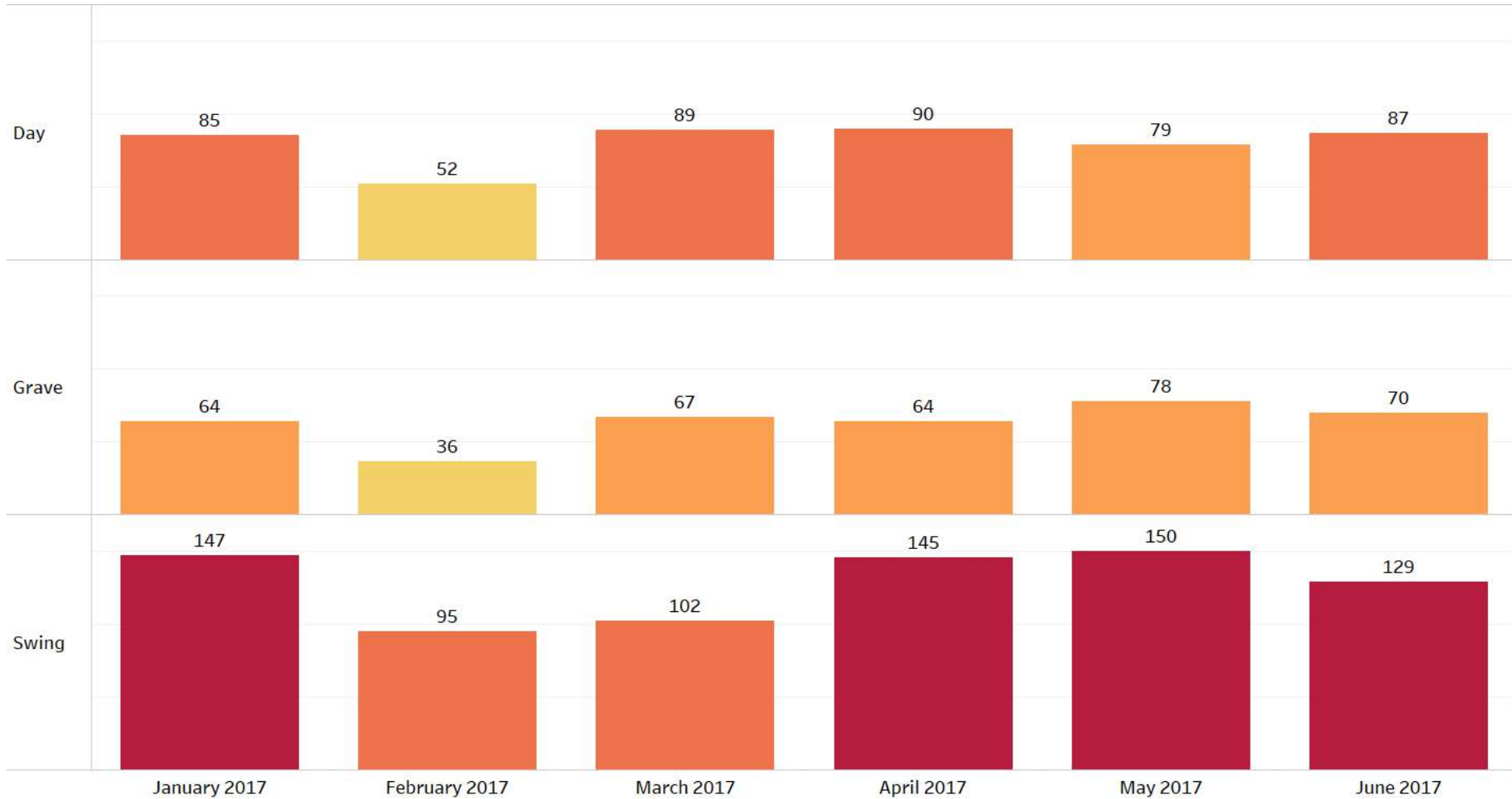
Data Definitions

- 1. Throughout this report we refer to behavioral health related computer aided dispatch (CAD) incidents and police reports. Computer Aided Dispatches are 911 calls that are categorized as suicide or behavioral health in CAD descriptions. If CAD calls turn into incidents that required police reports, these reports may be categorized as suicide, behavioral health, mental commit, mental patient, or psychiatric evaluation depending on which record system is used and what year the report was filed.**
- 2. The data come from Tiburon and other dynamic data bases and are continually updated as reports are completed and revised.**
- 3. We fully understand that our data is based on behavioral health related incidents which are known to be behavioral health related by law enforcement at the time of occurrence. There are probably many incidents which are classified in other ways which have a behavioral health components and are missed in our analyses.**
- 4. We are committed to improving our data collection and analyses and we have made some important strides so far. But clearly, complete and accurate data in law enforcement is a journey rather than a destination.**

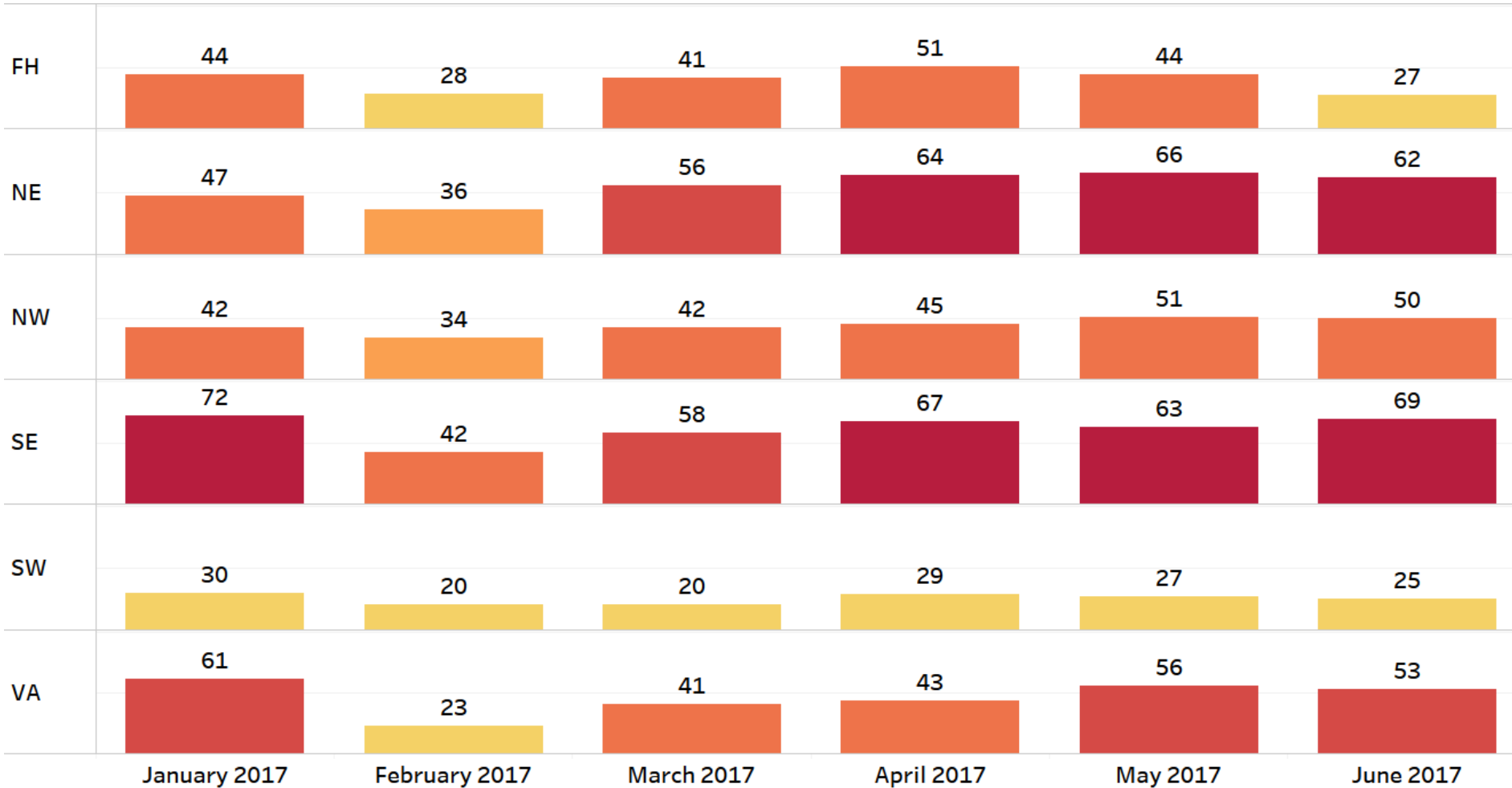
The Number Of Behavioral Health Related Police Reports January, 2017 To June, 2017



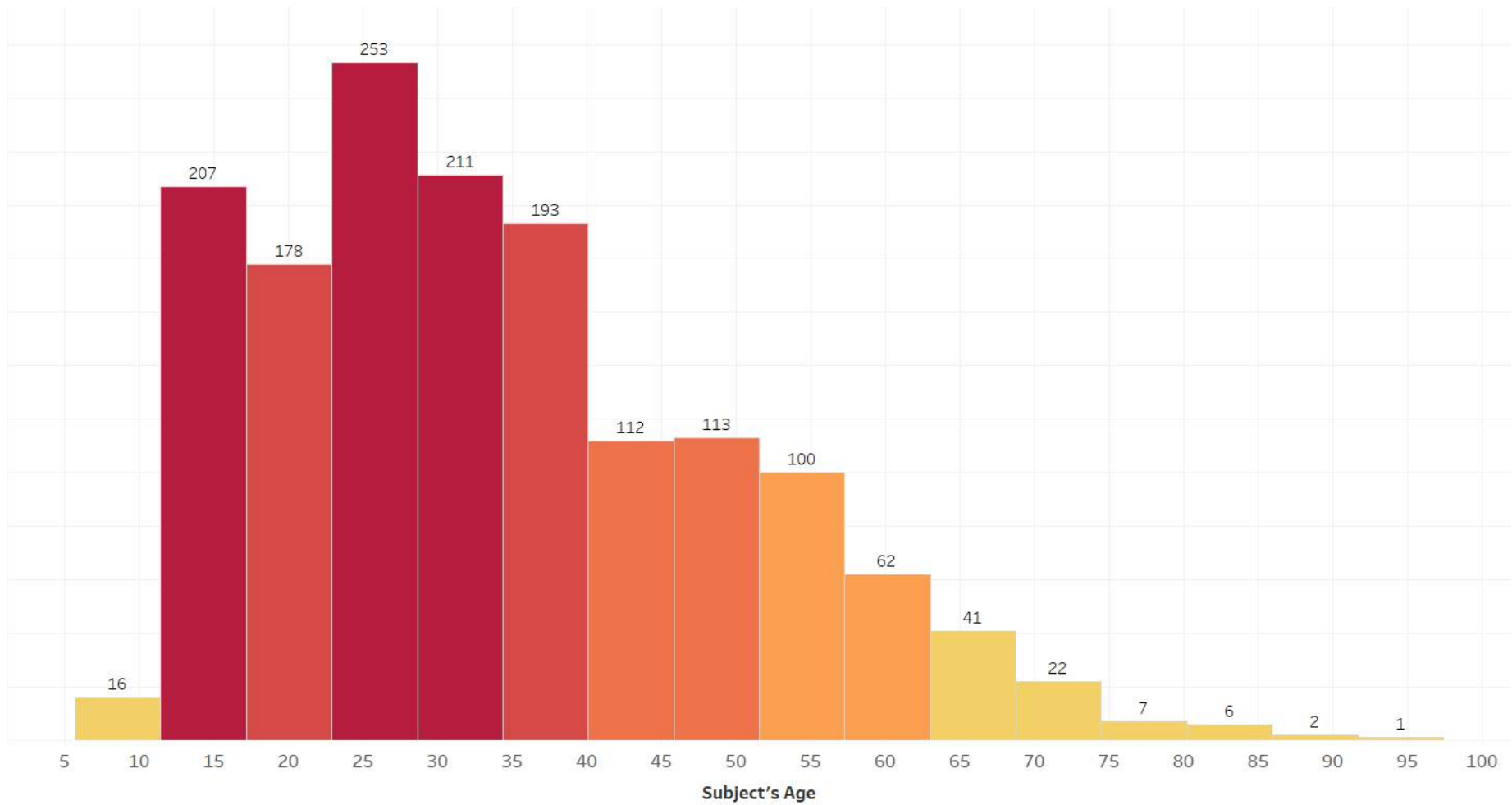
The Number Of Behavioral Health Related Police Reports By Shift January, 2017 To June, 2017



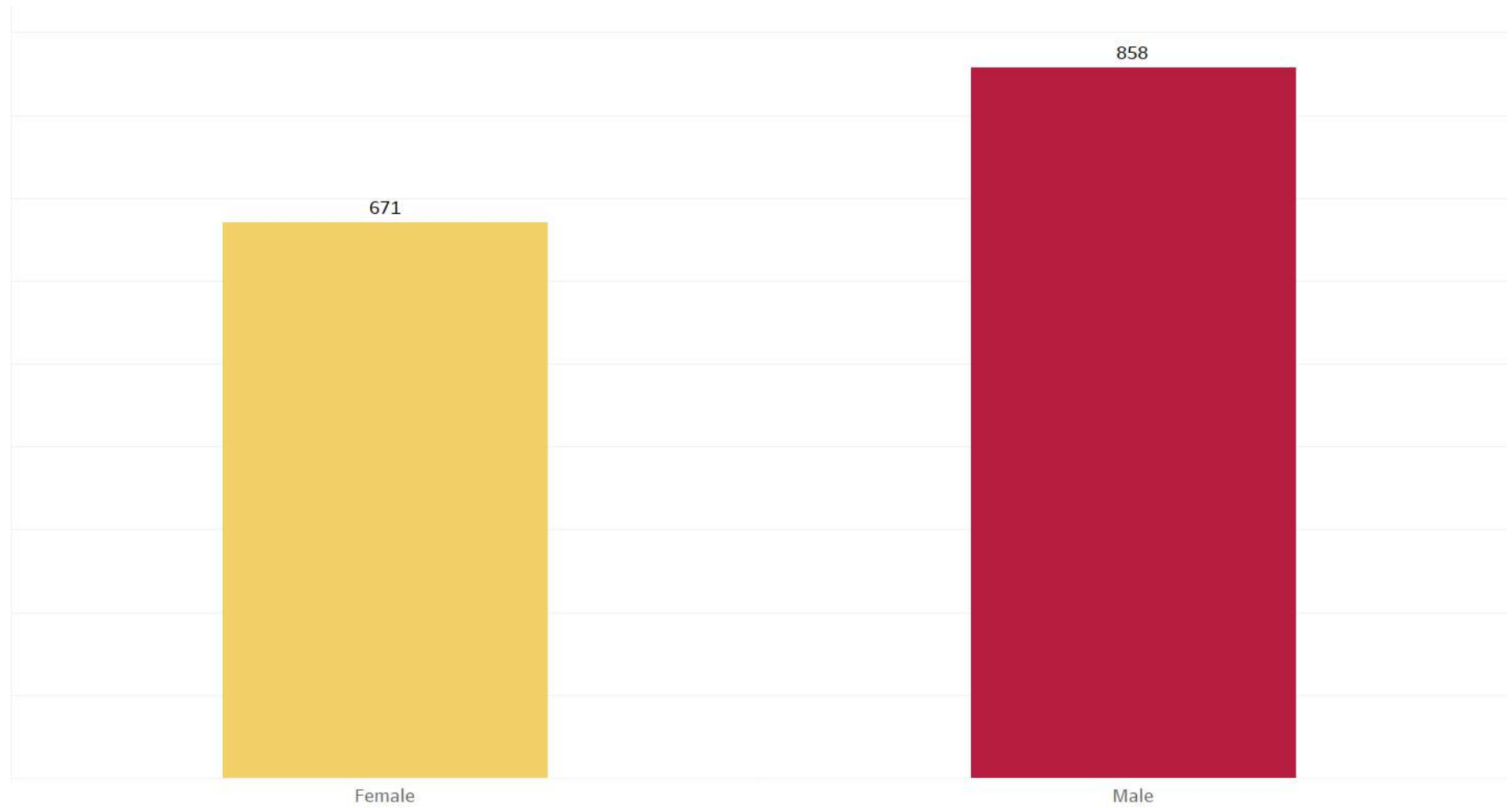
The Number Of Behavioral Health Related Police Reports By Area Command January, 2017 To June, 2017



The Age Of Individuals In Behavioral Health Related Police Reports January, 2017 To June, 2017



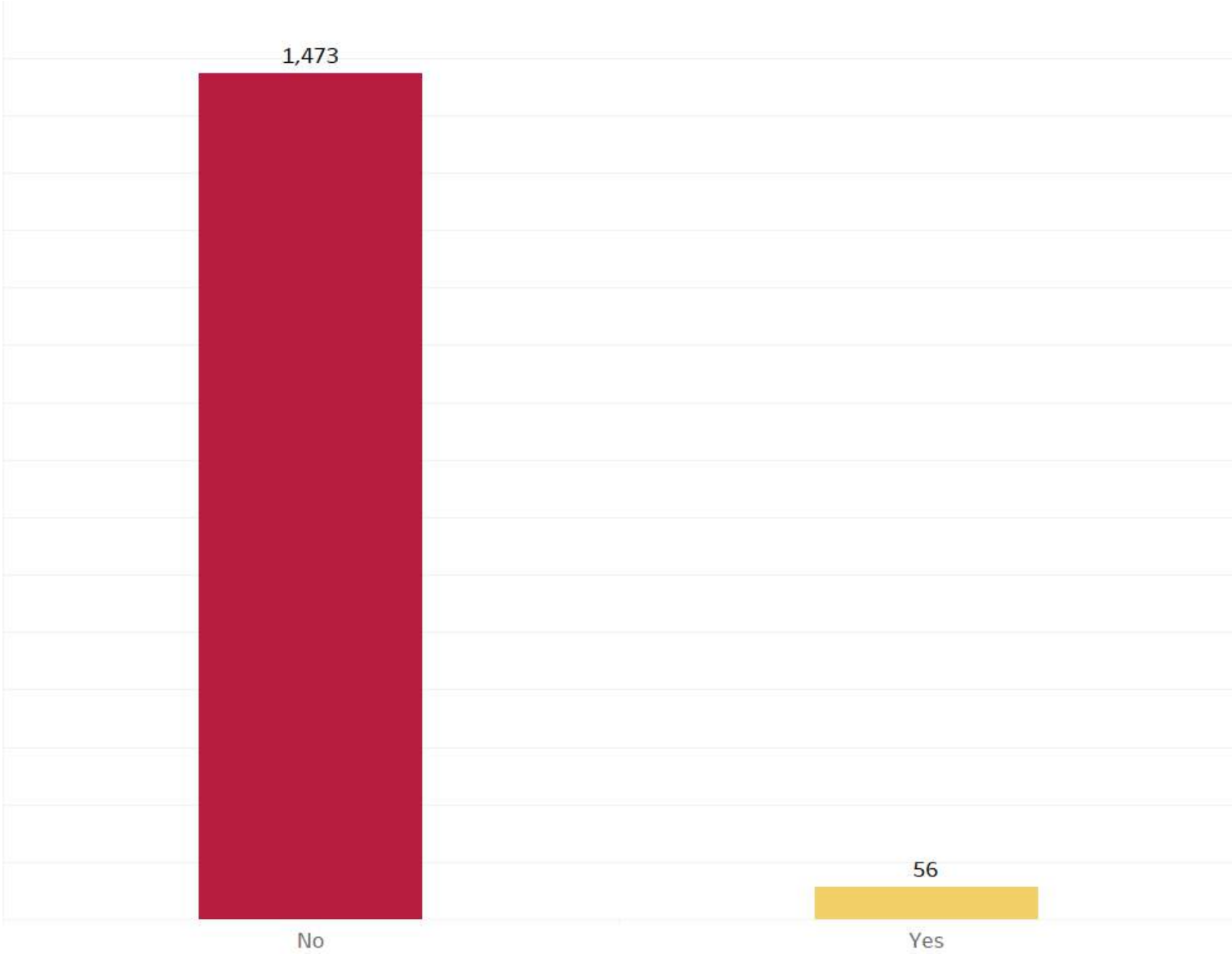
The Gender Of Individuals In Behavioral Health Related Police Reports January, 2017 To June, 2017



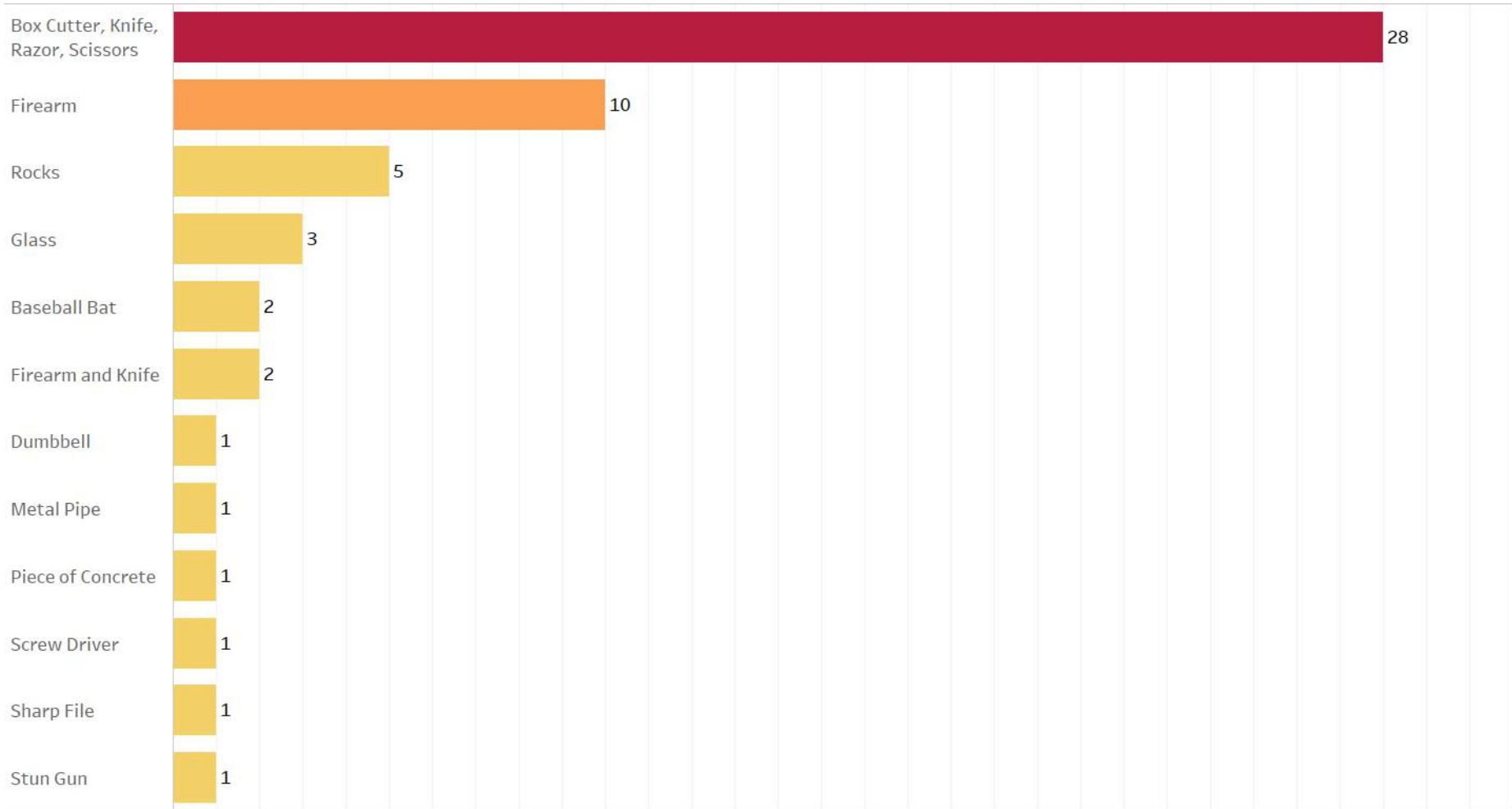
The Race/Ethnicity Of Individuals In Behavioral Health Related Police Reports January, 2017 To June, 2017



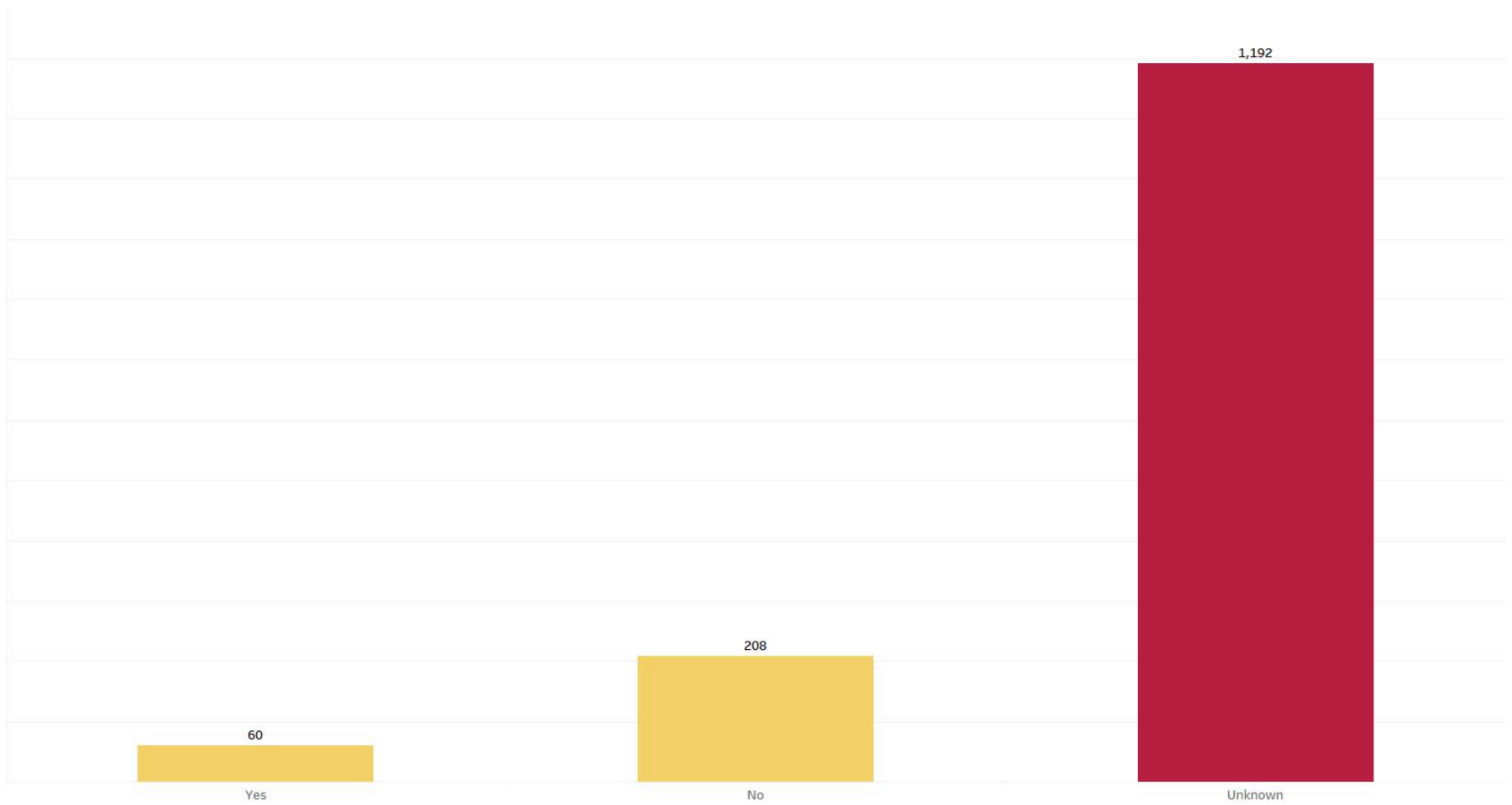
Was The Subject Armed In The Behavioral Health Related Police Reports? January, 2017 To June, 2017



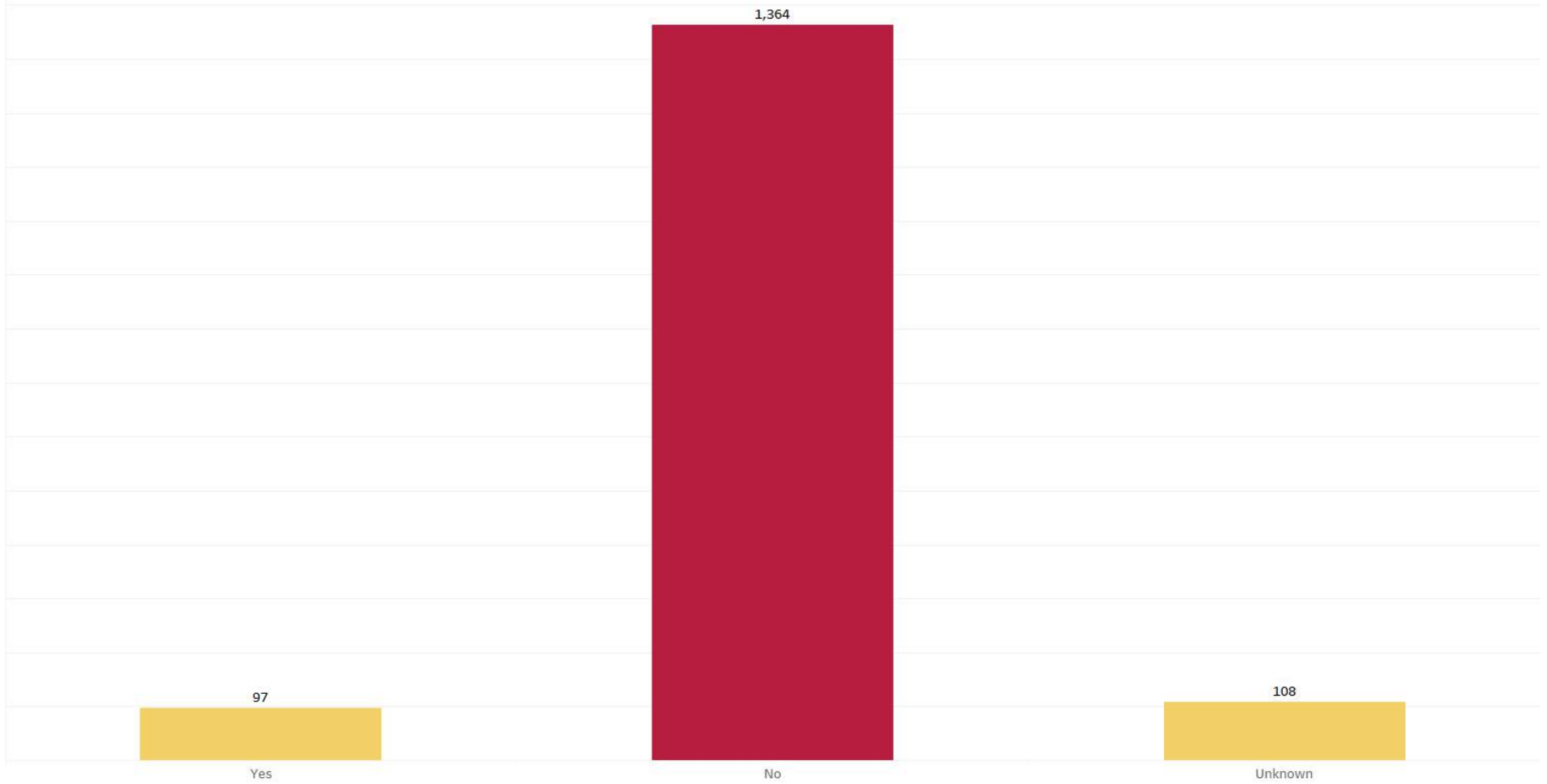
What Type Of Weapon Was Used When Subject Was Armed? January, 2017 To June, 2017



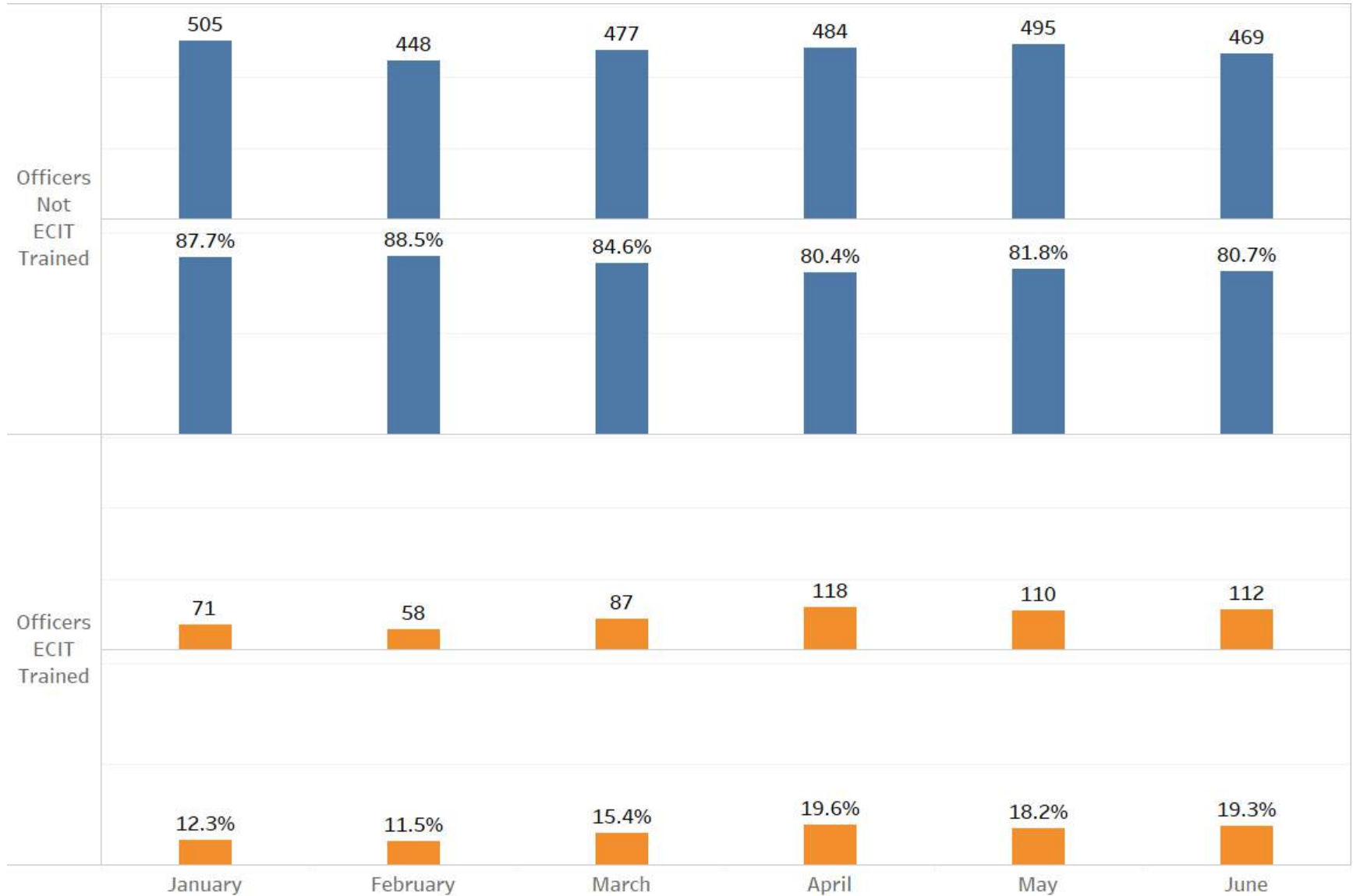
Was The Subject A Veteran In The Behavioral Health Related Police Reports? January, 2017 To June, 2017



Did A Supervisor Respond To The Scene? January, 2017 To June, 2017

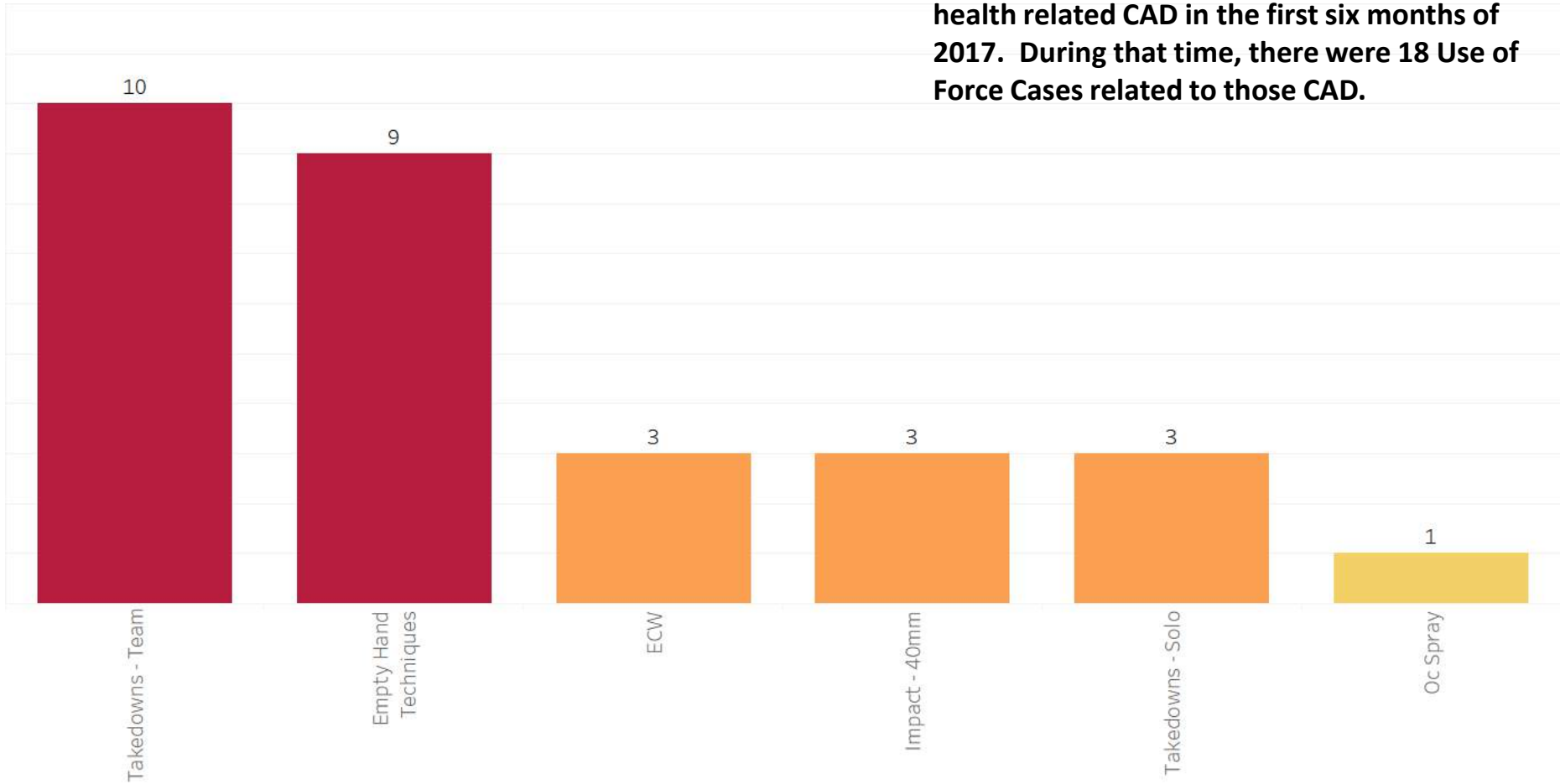


The Number And Percentage Of Behavioral Health Related CAD That Were Covered By Field Officers With ECIT Training From January 2017 To June 2017



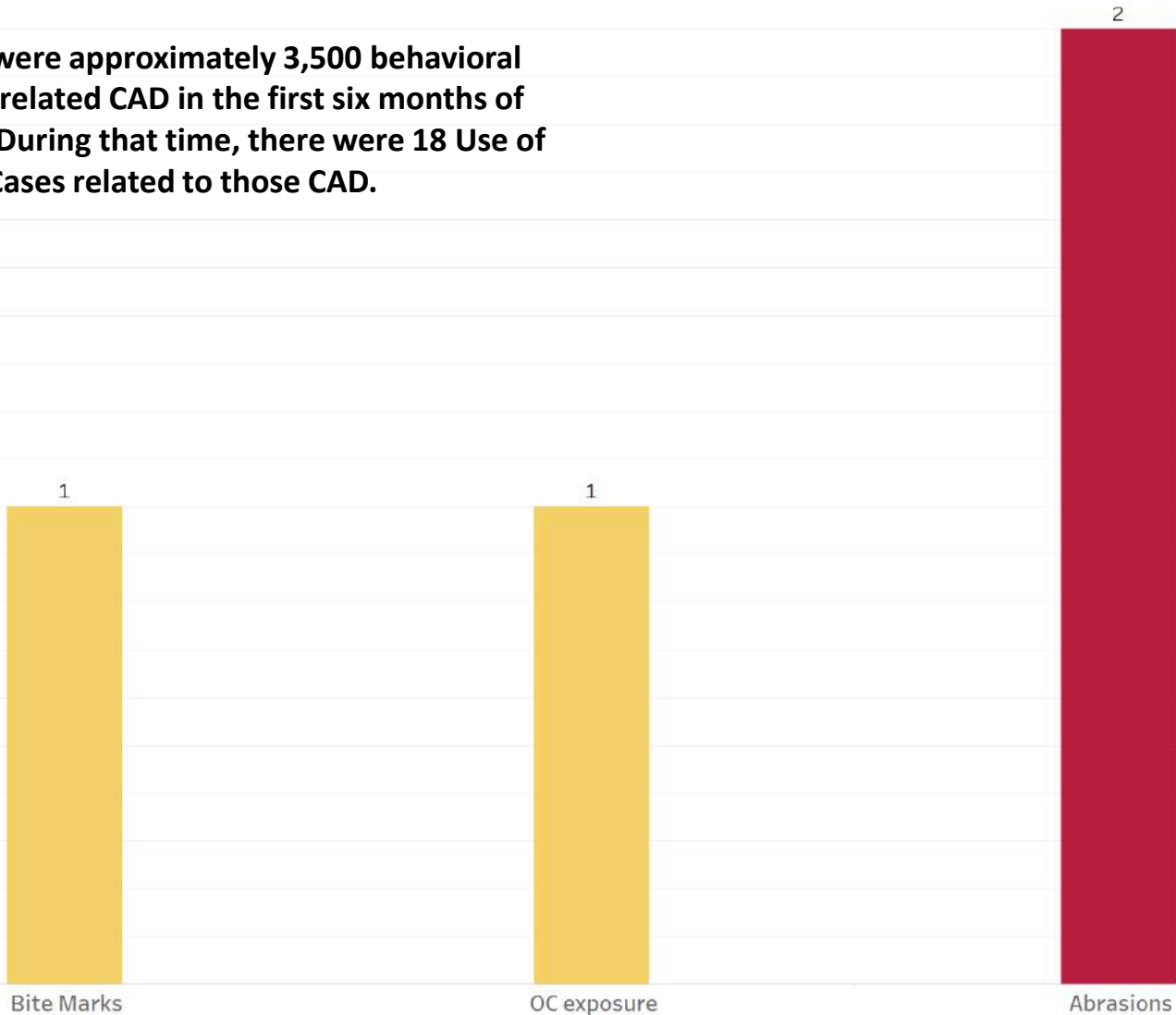
What Techniques Or Equipment Was Used In Incidents Which Involved Use Of Force? January, 2017 To June, 2017

There were approximately 3,500 behavioral health related CAD in the first six months of 2017. During that time, there were 18 Use of Force Cases related to those CAD.

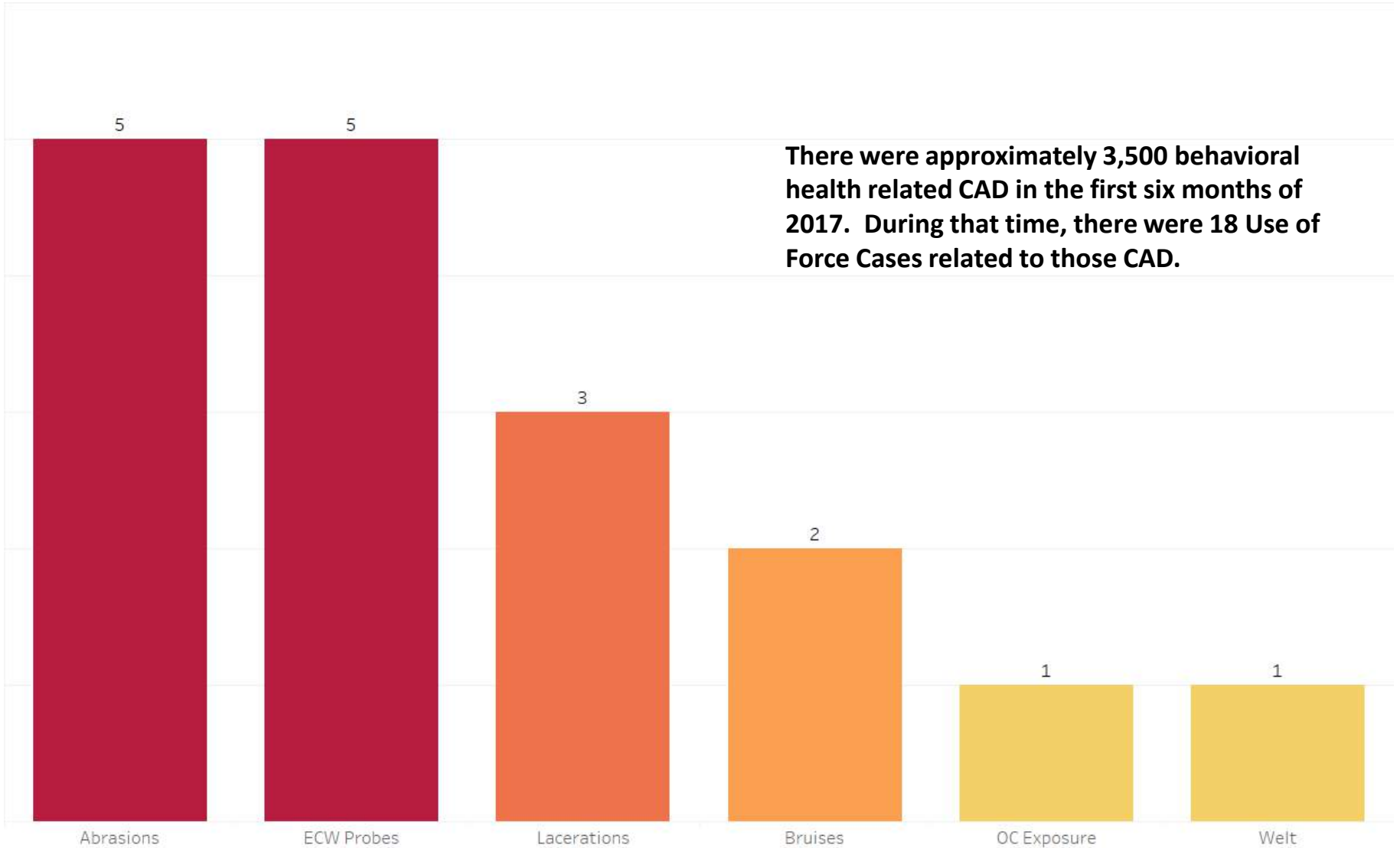


What Injuries Occurred To Officers In Incidents Which Involved Use Of Force? January, 2017 To June, 2017

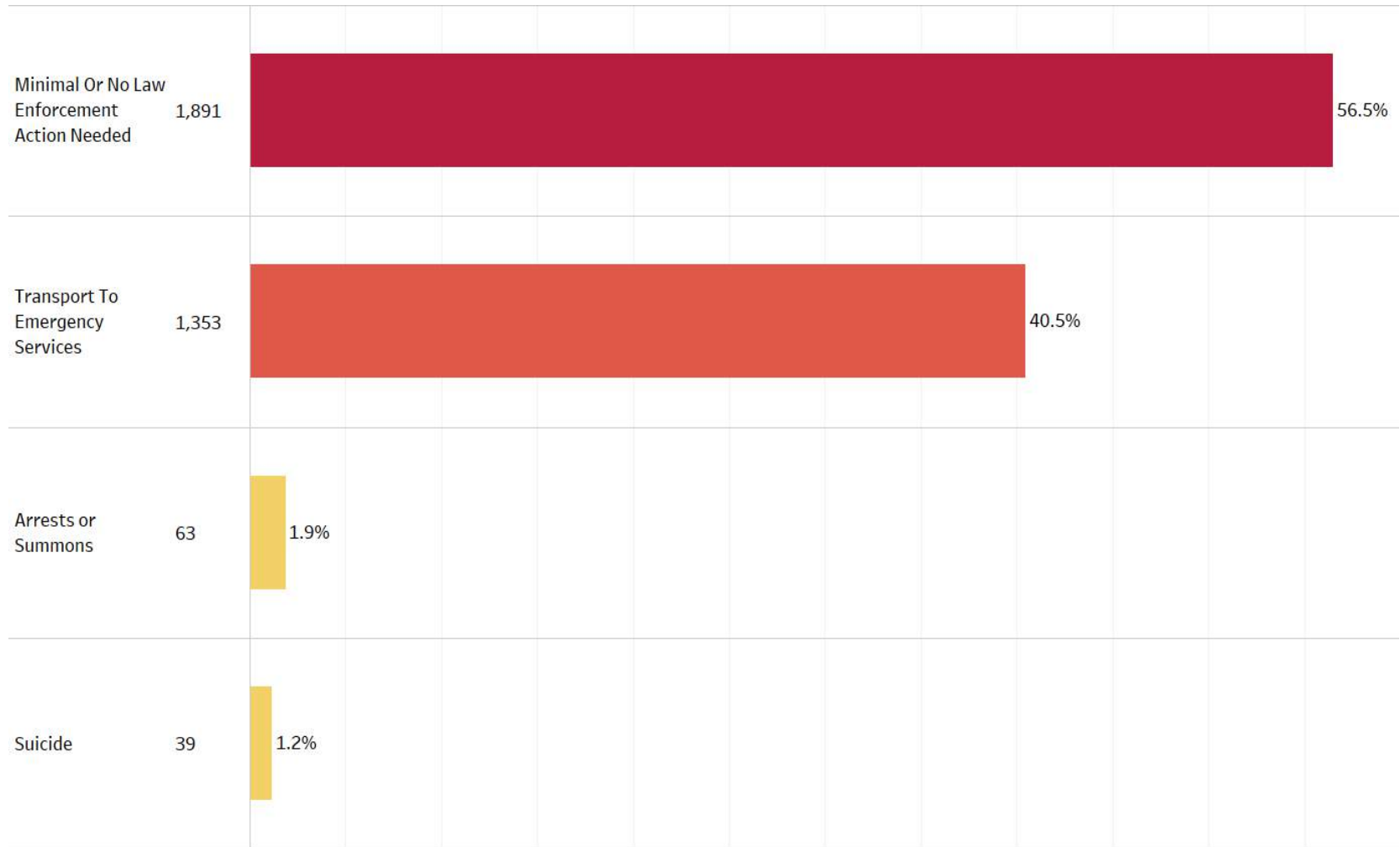
There were approximately 3,500 behavioral health related CAD in the first six months of 2017. During that time, there were 18 Use of Force Cases related to those CAD.



What Injuries Occurred To Subjects Or Others In Incidents Which Involved Use Of Force? January, 2017 To June, 2017



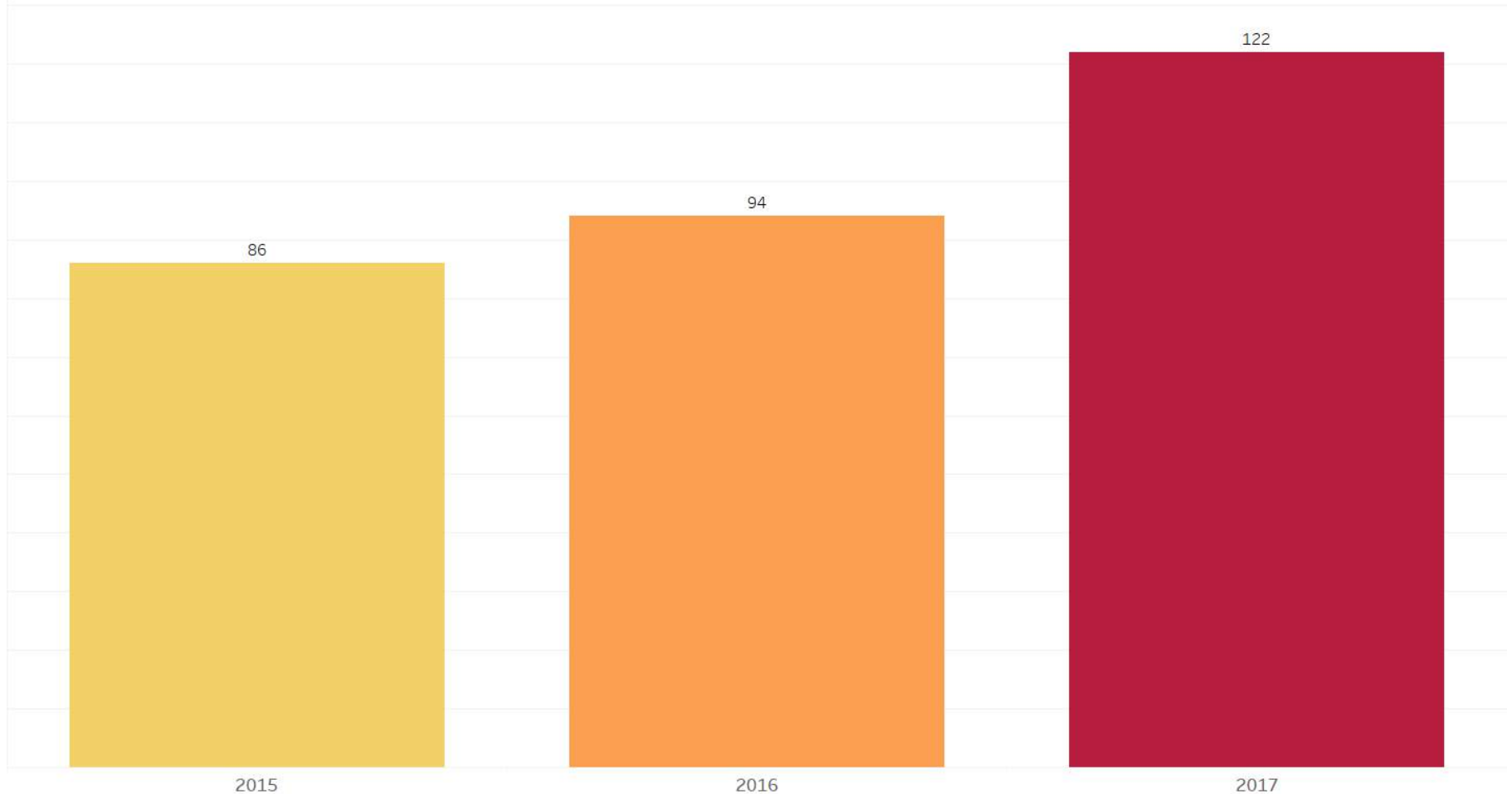
The Number And Percentage Of The Dispositions Of Behavioral Health Related CAD From January To June 2017



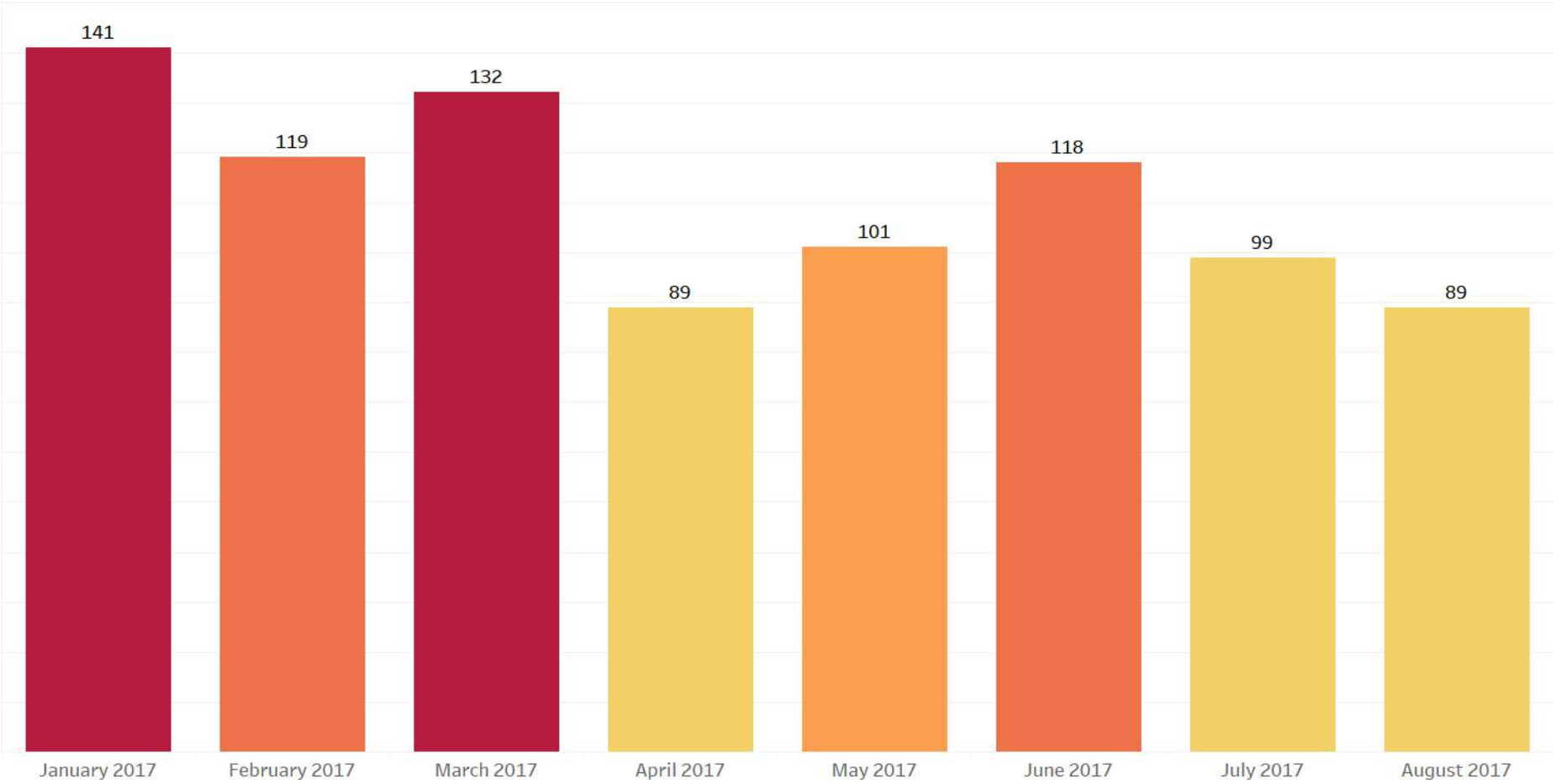
Data in this chart was compiled from all behavioral health and suicide calls that came into dispatch and compared to reports that were filed from those calls to determine the final outcome. No law enforcement action needed are calls in which officers responded but did not take any report or action. Some individuals may have been involved in multiple incidents.

Number of Individuals Assigned To CIU Detectives From January, 2015 To August, 2017

These are the number of individuals assigned to CIU Detectives by year.
Caseloads for Detectives are cumulative.

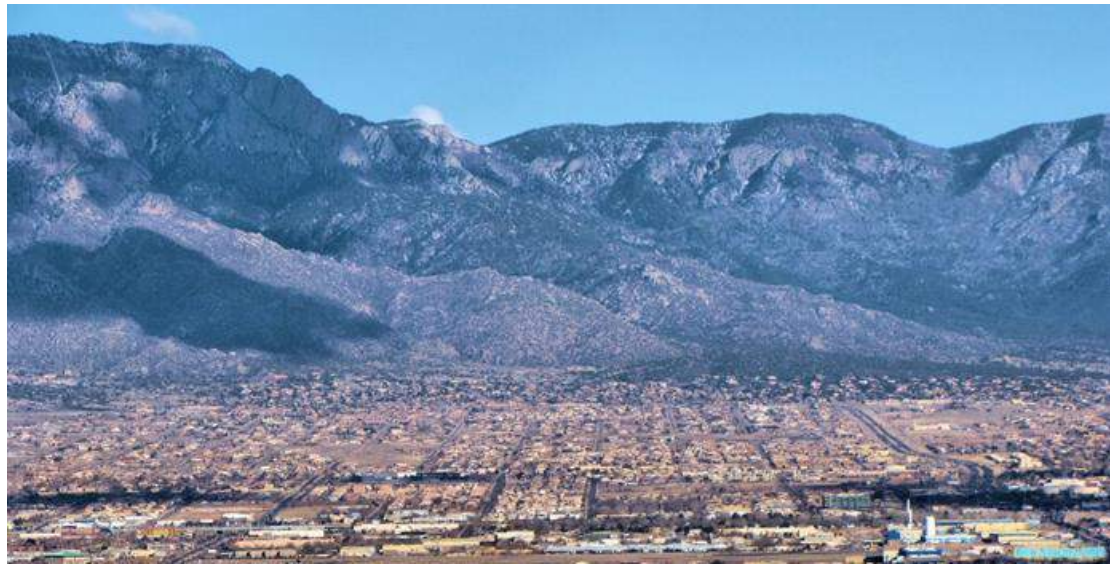


The Number Of Individuals Assisted By COAST January, 2017 To August, 2017



**Example Data Reports
That Illustrate How APD Uses Data For Continual Improvement**

An Overview Of CIT Incidents In Albuquerque



**Prepared For:
Albuquerque Police Department
Enhanced Crisis Intervention Training
Fall, 2017**

**Prepared By
Dr. Peter Winograd, Policy Analyst, CIU, APD
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Introduction

Effective CIT programs are built on core elements including partnerships among law enforcement, advocacy groups, and mental health providers; community ownership; policies and procedures; highly-trained professionals in law enforcement and mental health advocacy; a rich curriculum; mental health emergency services and other support services. Assembling all of these elements into a coherent program is clearly a challenge in itself.

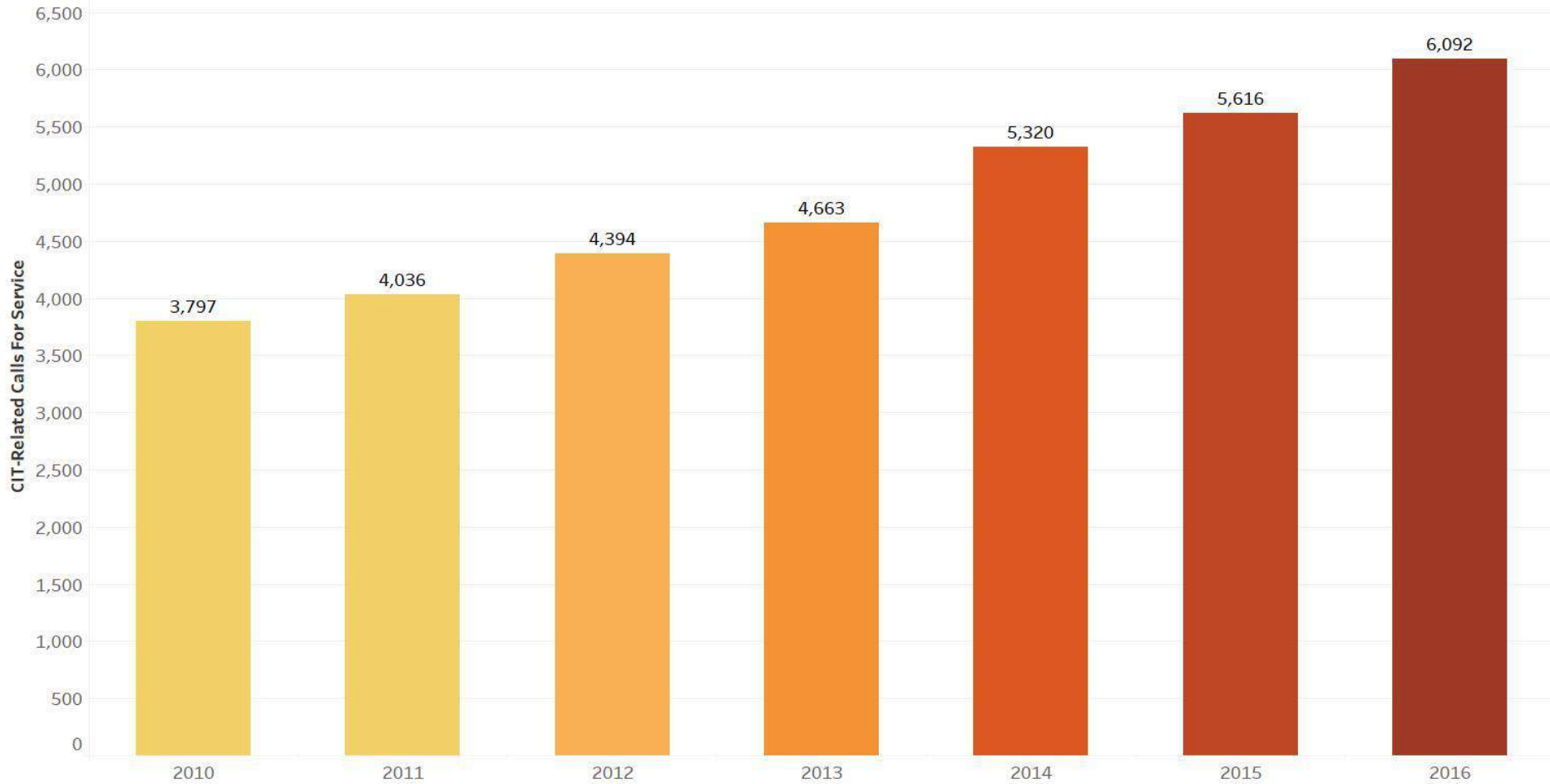
Once these elements are in place, it is essential to measure the impact of the CIT Program on the quality of life for individuals dealing with mental illness; on the perceptions and confidence of police officers; on the effectiveness of community supports; and on the sense of vibrancy of the community at large.

A number of communities, including Albuquerque, have many of the CIT program elements in place. Now we face the challenge of really understanding if we are making a difference and if anyone is better off.

How Might We Think About CIT Core Elements And Outcomes?

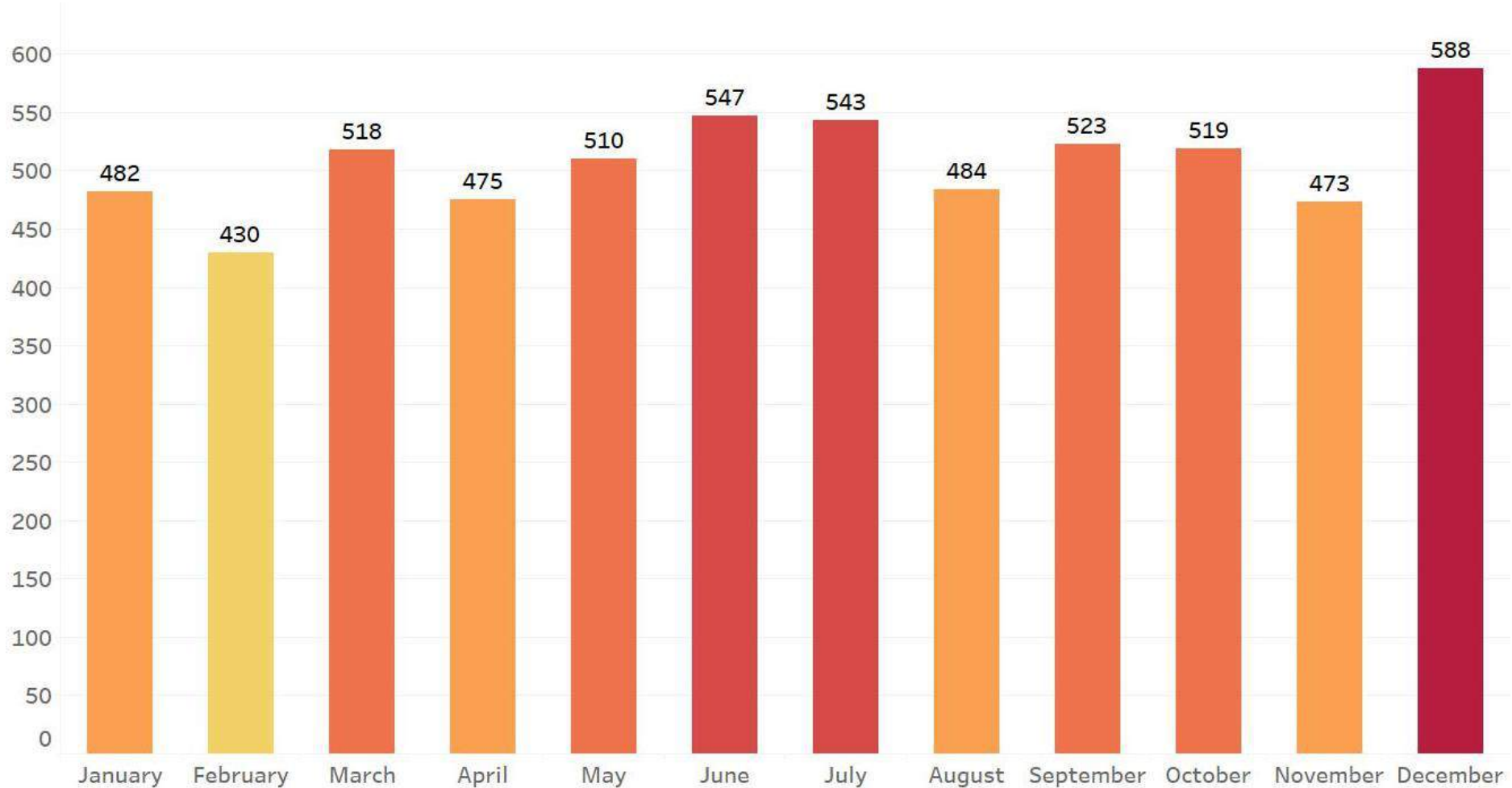
Core Elements	Outcome Questions
<p>Highly Trained Professionals in Law Enforcement & Mental Health Advocacy; A Rich curriculum; Policies and Procedures</p>	<ol style="list-style-type: none"> 1. How do we evaluate the reduction of use of force with individuals dealing with mental health issues? 2. How do we evaluate the effectiveness of jail diversion efforts? 3. How do we evaluate the impact of repeat encounters with the same individuals? 4. How do we evaluate the quality of the ECIT Training for officers particularly in the quality of interactions these officers have with individuals dealing with mental health issues?
<p>Mental Health Emergency Services and Other Support Services</p>	<ol style="list-style-type: none"> 5. How do we evaluate the impact of our relationships with mental health emergency services and other support services?
<p>Partnerships Among Law Enforcement, Advocacy Groups, and Mental Health Providers; Community Ownership</p>	<ol style="list-style-type: none"> 6. How do we evaluate the impact of our partnerships with other law enforcement agencies, advocacy groups, and the community?

The Number Of APD's BH-Related CAD Calls Has Increased 60.4% Since 2010. It Is Very Likely Those Calls Will Continue To Increase



APD CAD Calls All Priorities

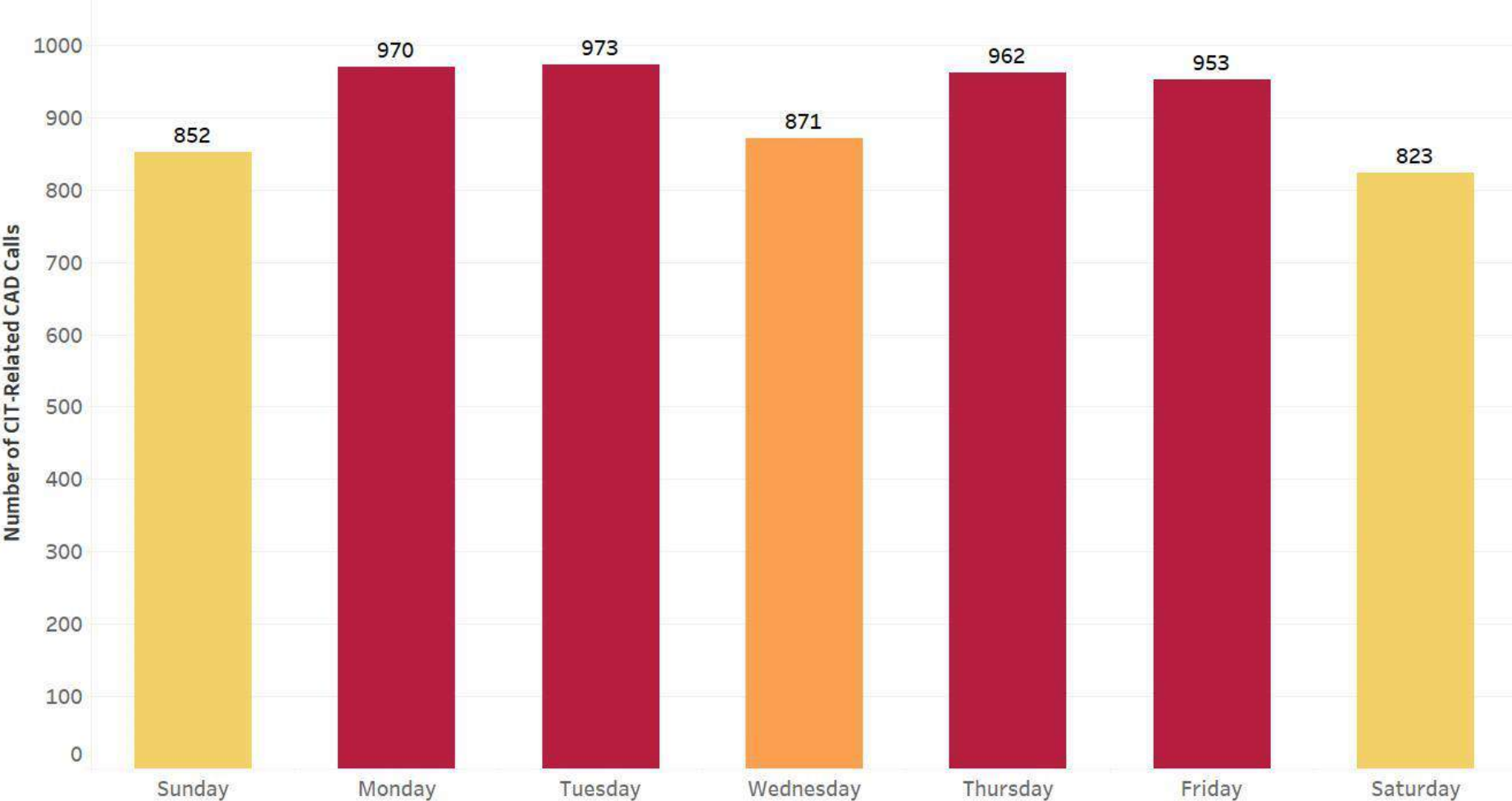
In 2016, APD Field Officers Responded To 6,092 CIT-Related CAD Calls



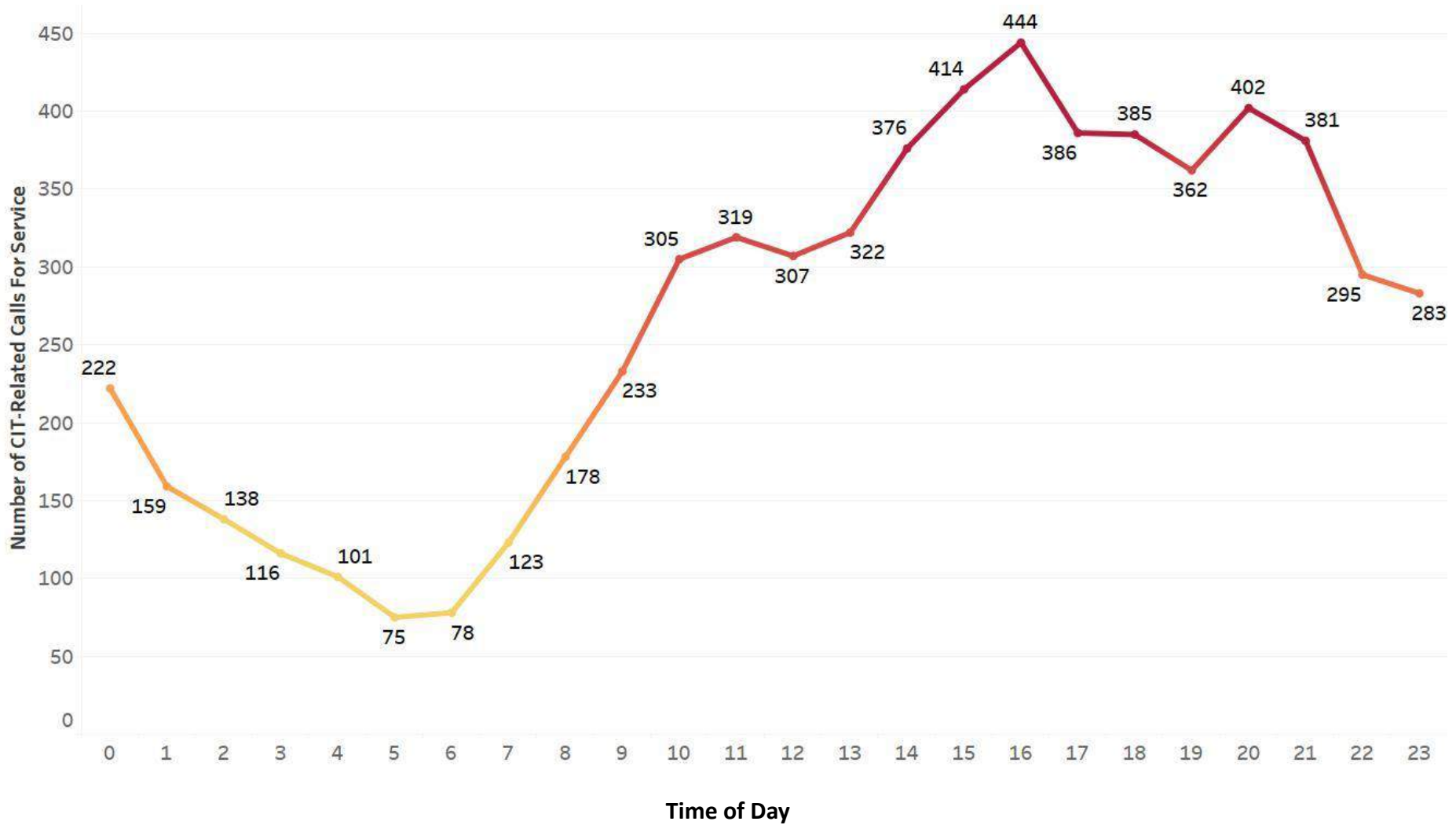
How CIT-Related CAD Calls In 2016 Varied By Area Command And By Month



How CIT-Related CAD Calls In 2016 Changed By Day Of The Week



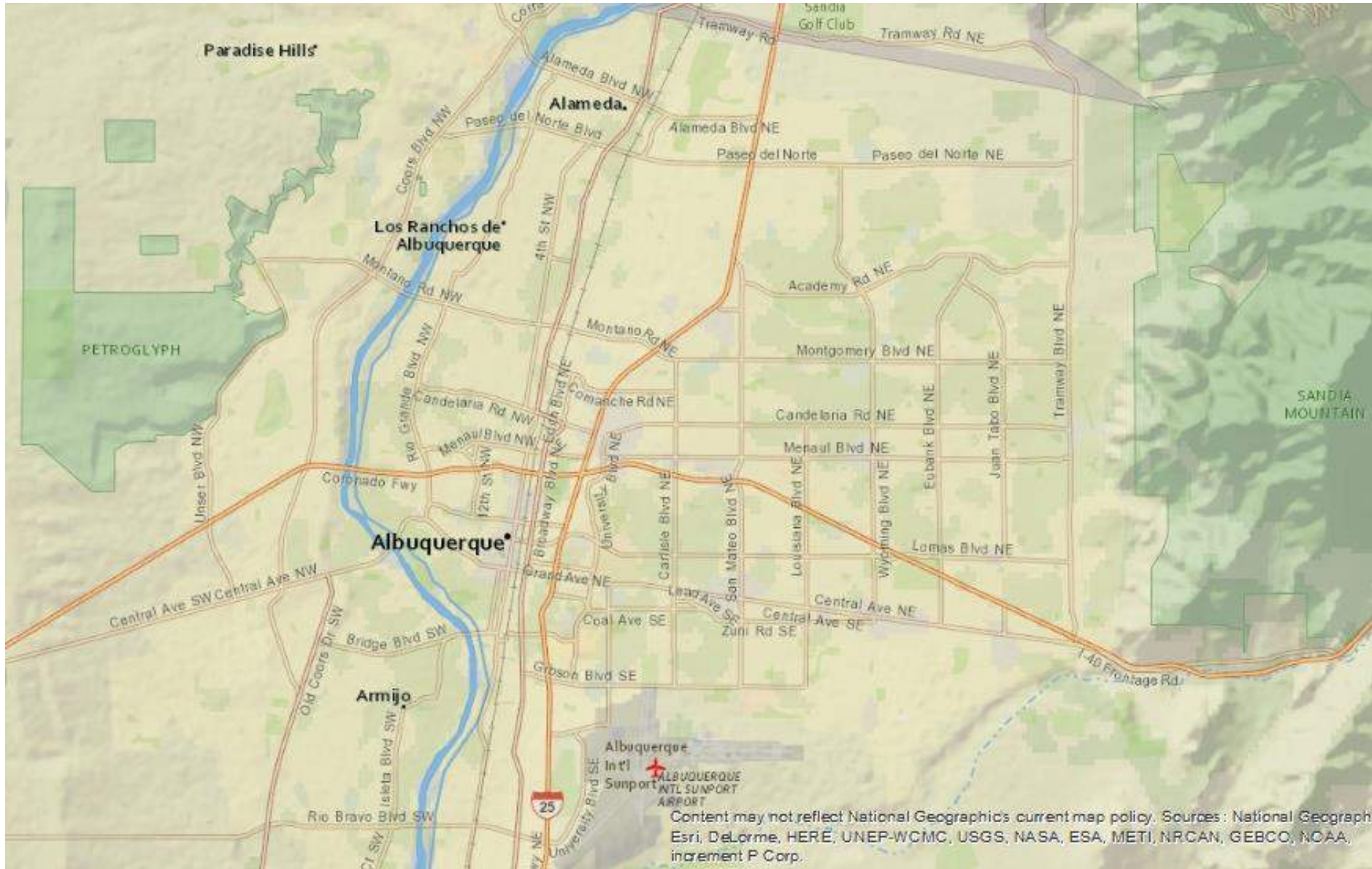
How CIT-Related CAD Calls In 2016 Changed By Time Of Day



How APD Field Officers' CIT-Related ARS Reports Have Changed Over Time

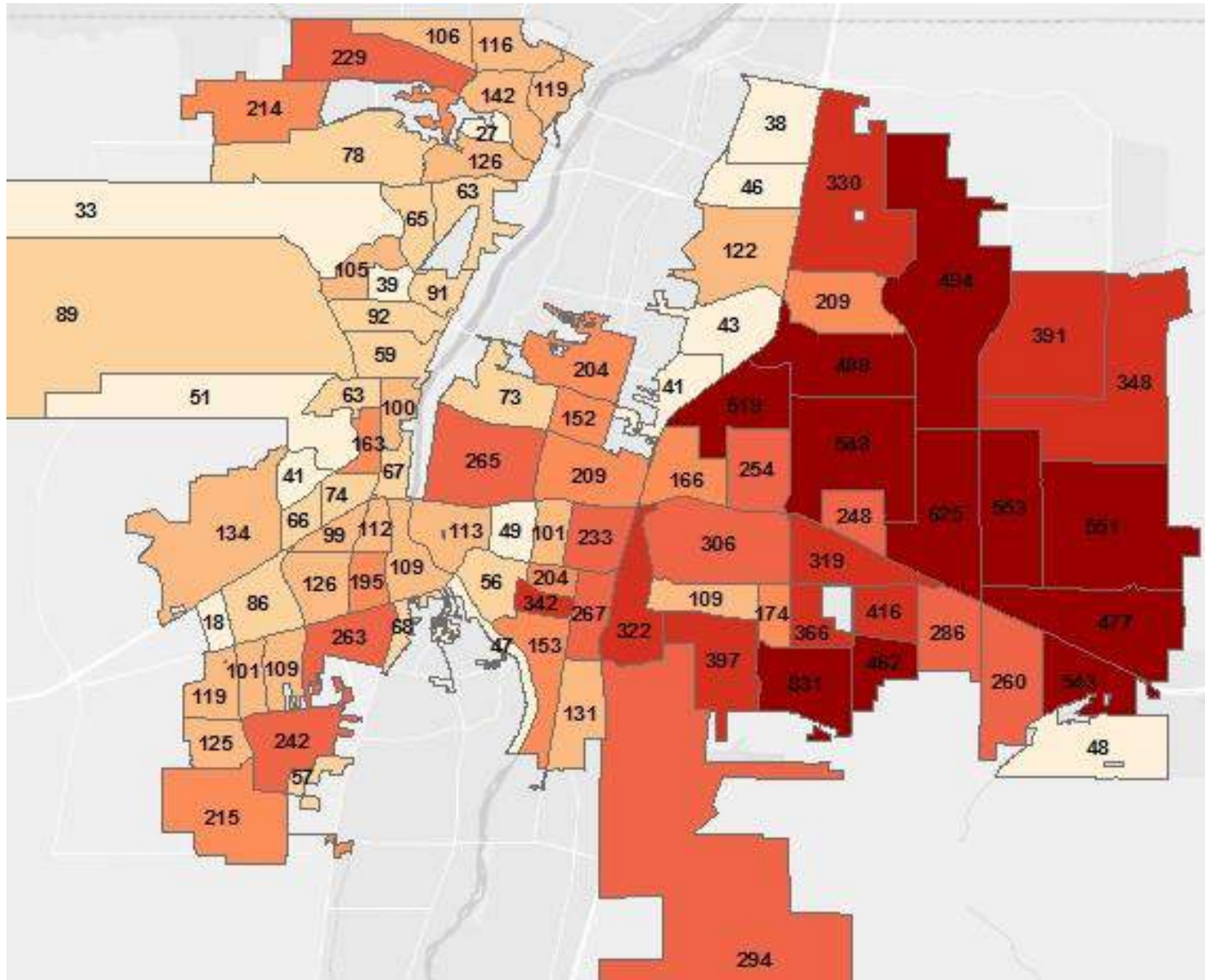
	2010	2011	2012	2013	2014	2015	2016
BEHAVIORAL HEALTH	1,333	1,663	2,041	2,210	2,789	2,701	2,333
SUICIDE	333	351	316	226	165	148	119
ATMP SUICIDE	1	75	313	397	291	199	
OTHER INCIDENT TYPES W/ BEHAVIORAL HEALTH FLAG	54	67	66	60	71	69	48
INCIDENT	87	66	26	24	25	25	9
BATTERY	9	12	9	20	25	11	18
DOM DISPUT	15	12	11	6	12	14	4

Albuquerque



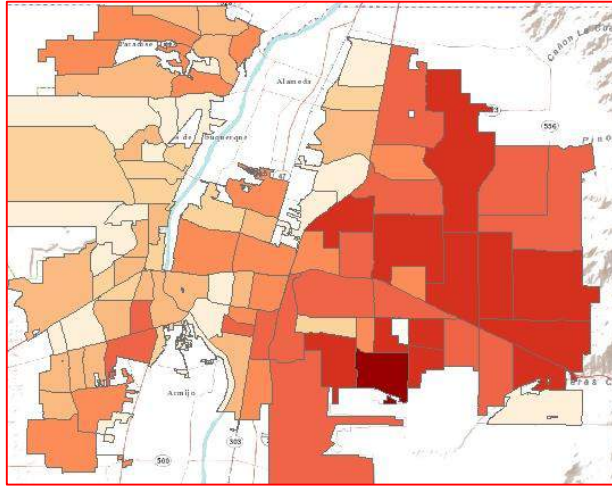
Content may not reflect National Geographic's current map policy. Sources: National Geographic, Esri, DeLorme, HERE, UNEP-WCMC, USGS, NASA, ESA, METI, NRCAN, GEBCO, NOAA, increment P Corp.

APD Field Officers Filed Almost 19,000 BH-Related ARS Reports Between 2010 and 2016 (Number of Reports By Beat)

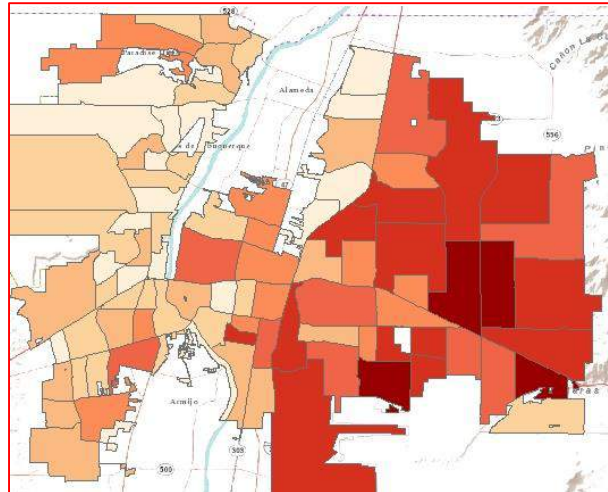


How APD Field Officers' BH-Related ARS Reports Have Changed By Beat Over Time From 2014 To 2016

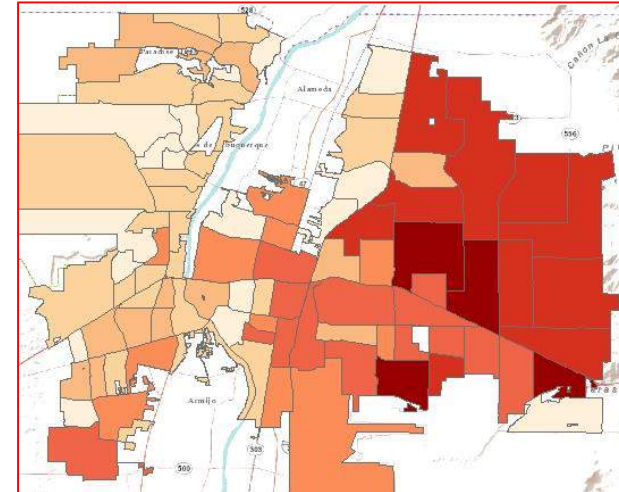
3,484 BH-Related Field Reports In 2014



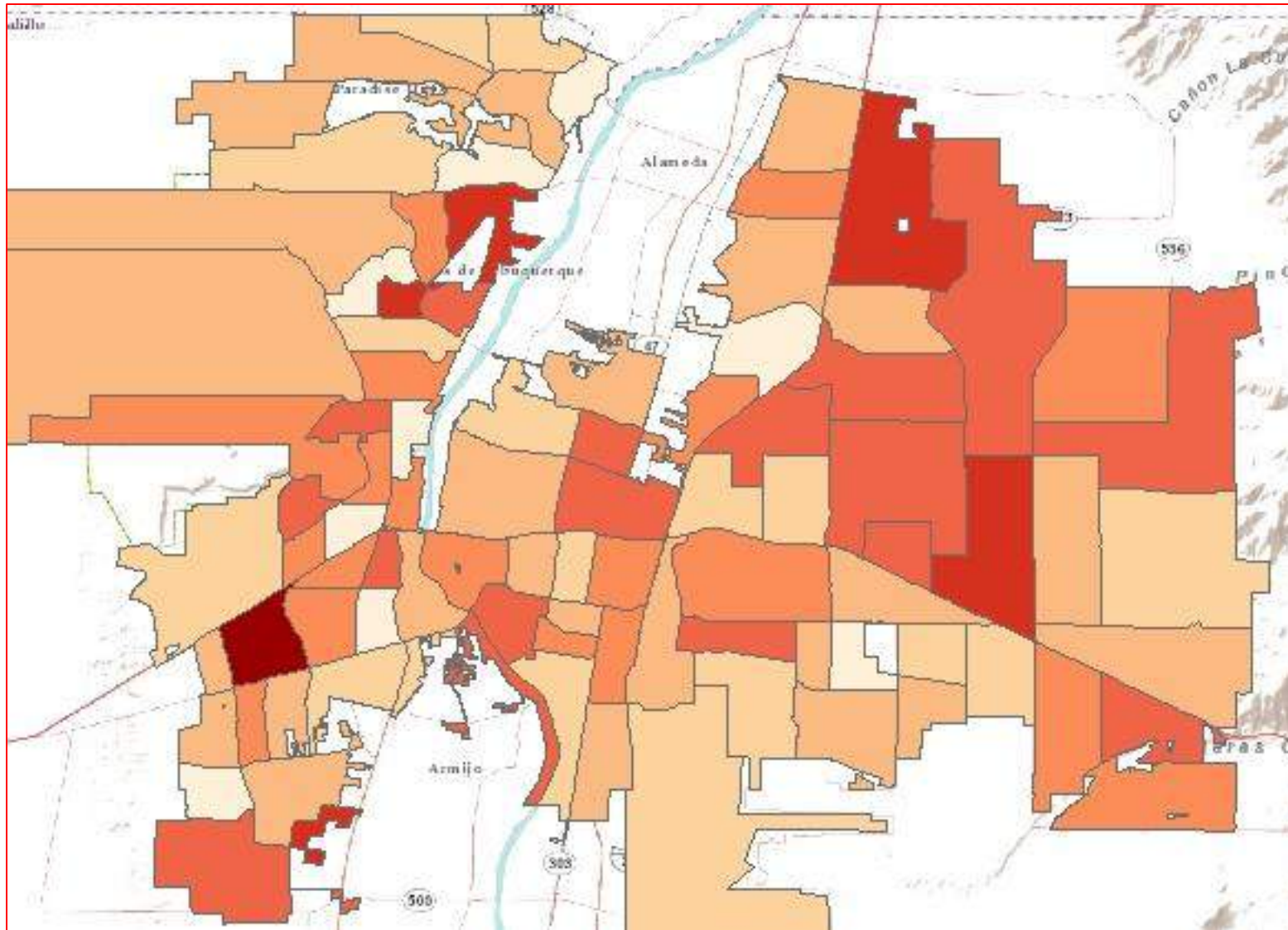
3,259 BH-Related Field Reports In 2015



2,730 BH-Related Field Reports In 2016



The Change In BH Reports By Beat From 2014 To 2016



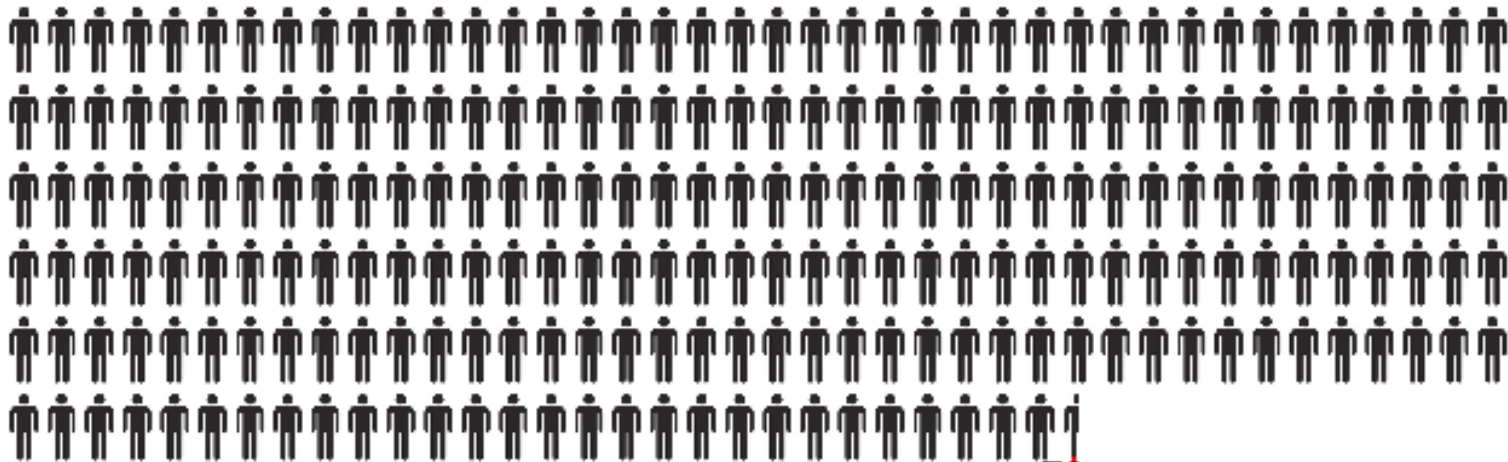
Legend
Percent Difference
In CIT Reports From
2014 To 2016

- 80.6% - -52.9%
- 52.8% - -36.2%
- 36.1% - -20.6%
- 20.5% - -2.6%
- 2.5% - 21.4%
- 21.5% - 50%
- 50.1% - 150%

**How do we evaluate the reduction of use
of force with individuals dealing with
mental health issues?**

All Calls For Service Vs. Use Of Force Incidents

August 2016 To January 2017




USE OF FORCE INCIDENTS IN IMR 5 REPORTING PERIOD (248):

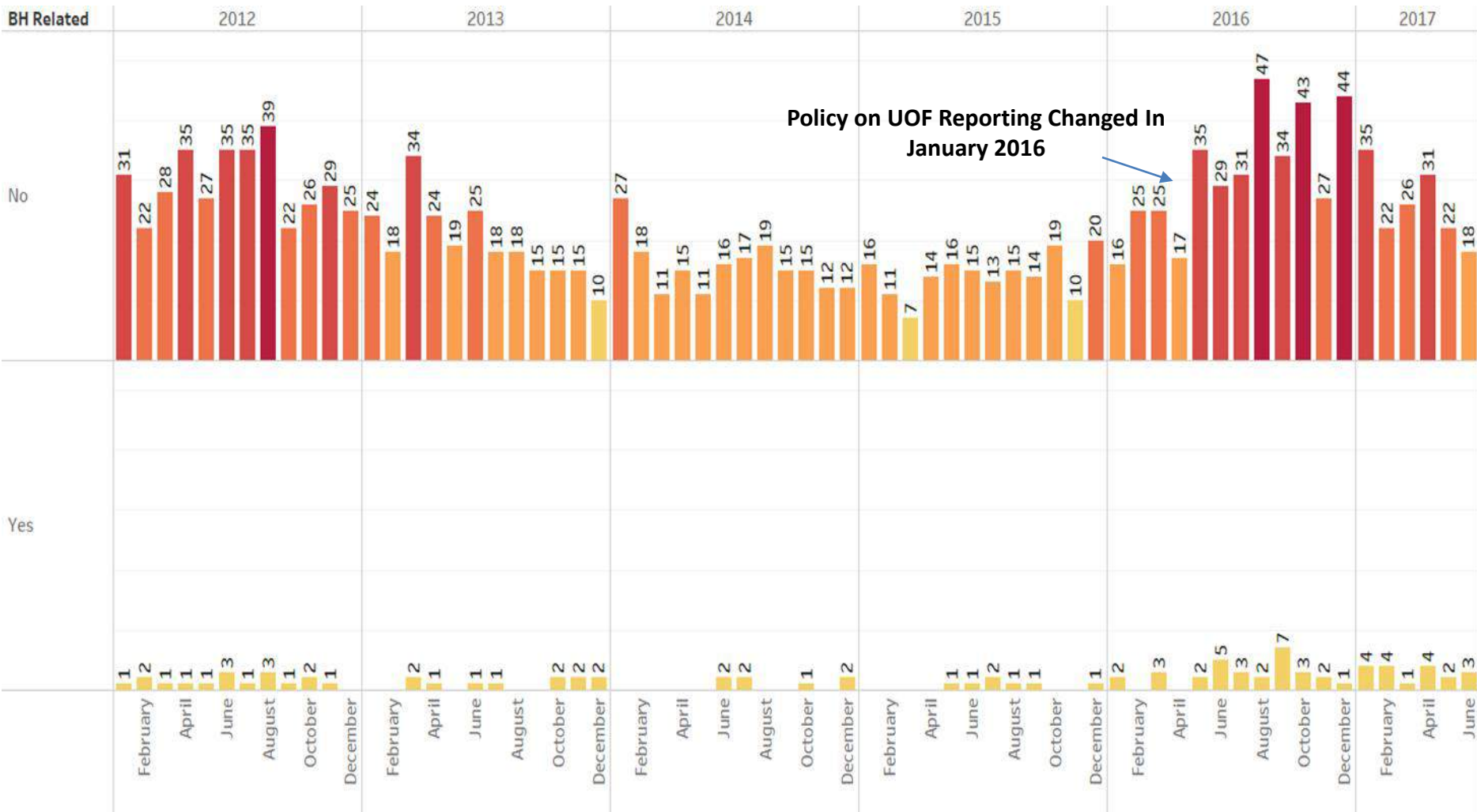
.1% (ONE TENTH OF ONE PERCENT) OF 227,619 CALLS FOR SERVICE INVOLVED ANY USE OF FORCE

SERIOUS USE OF FORCE INCIDENTS IN IMR 5 REPORTING PERIOD (34):

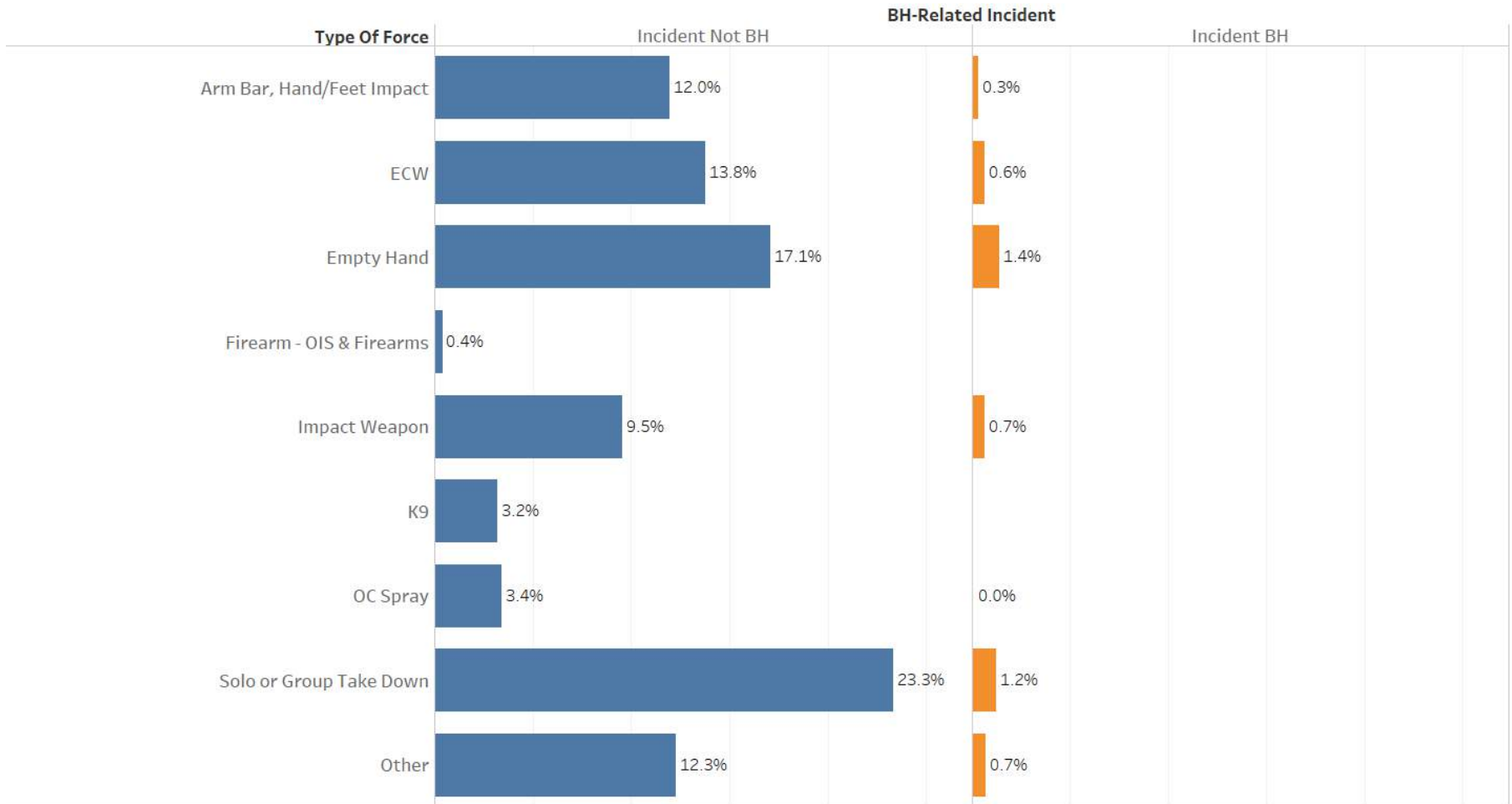
.015% (15 THOUSANDTHS OF ONE PERCENT) OF 227,619 CALLS FOR SERVICE

 = 1,000 CALLS FOR SERVICE

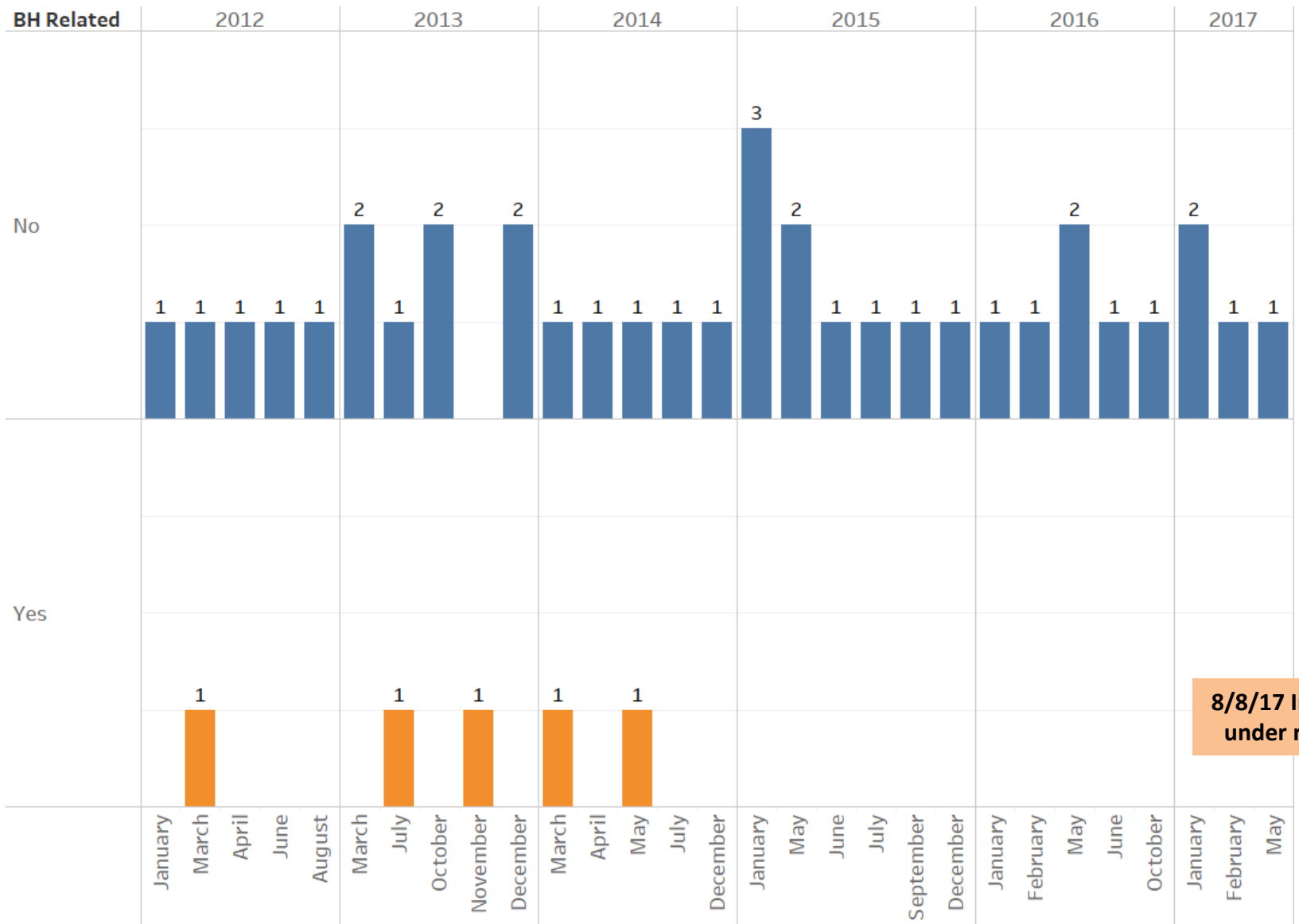
Use Of Force Cases By Year By Behavioral Health Related Category



The Types Of Use Of Force By Officer Reports By Year Behavioral Health Related Category



The 41 Use Of Force Cases Involving Firearms By Year By Behavioral Health Related Category

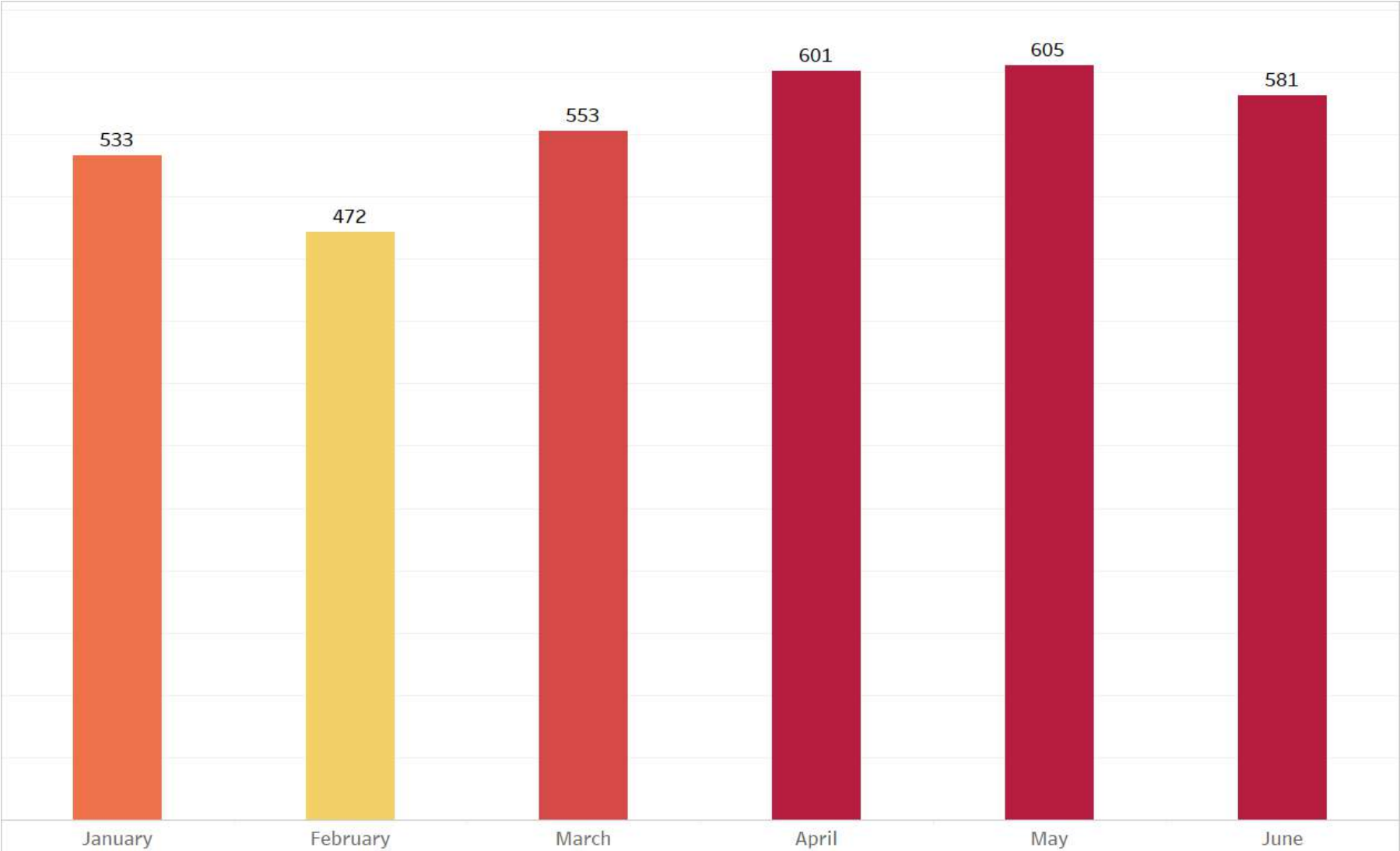


Thoughts To Consider

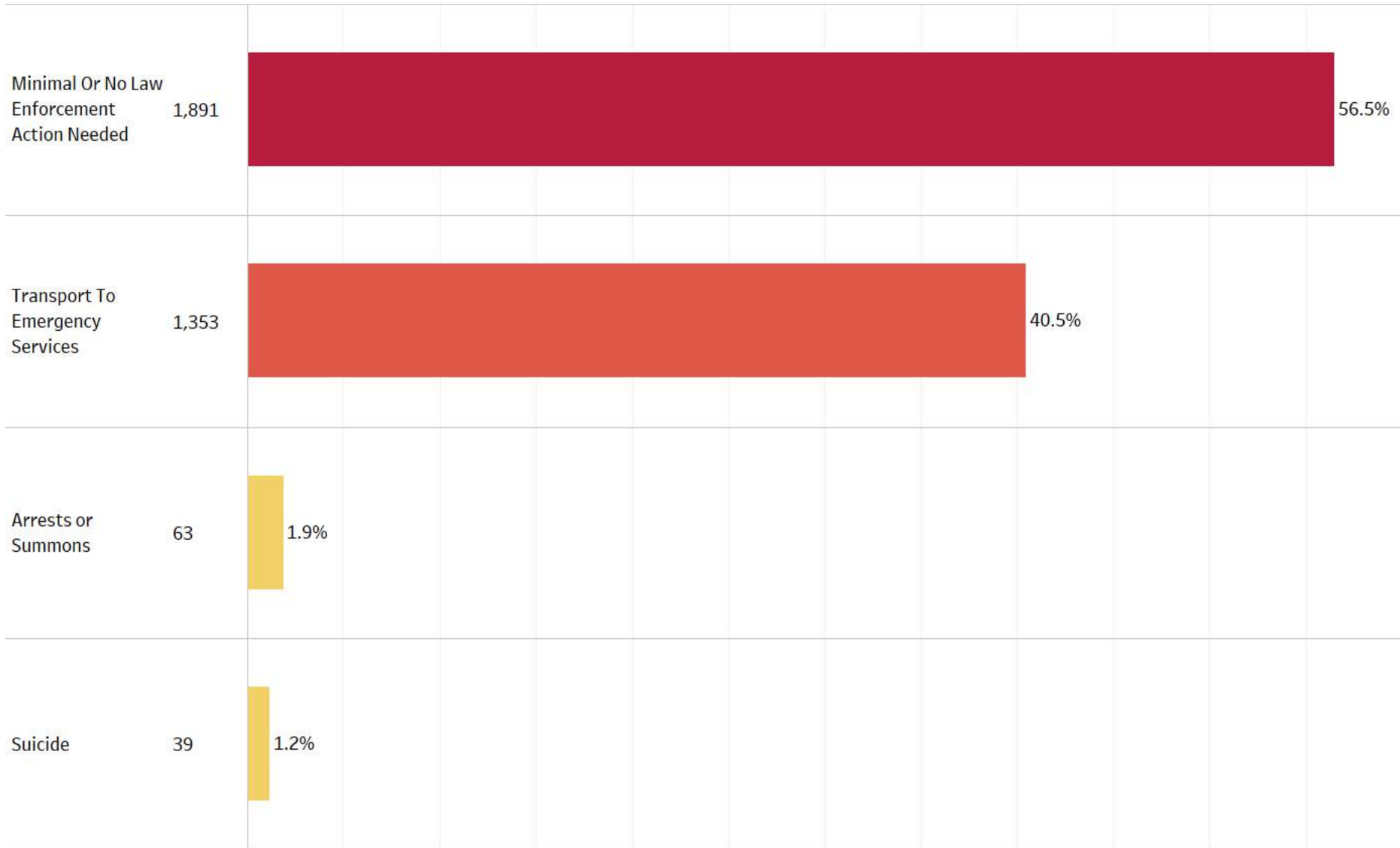
- Each use of force or firearm discharge is important. Numbers are not the only story.
- Identifying all types of use of force and whether incidents are behavioral health related is complex. Both of these factors requires careful vetting.
- The UOF reports in behavioral health related incidents has been a consistently low percentage of the overall uses of force. In addition, the types of force used in these incidents have been on the lower level of force types. Please note that one inappropriate use of force is too many, but the overall pattern argues that APD is minimizing the use of force with individuals suffering from behavioral health crisis.
- The FAD reports in behavioral health related incidents indicates that the incident on August 8, 2017 was the first firearm discharge to have occurred since May of 2014. That incident is under review.

**How do we evaluate the effectiveness of
jail diversion efforts?**

The Number of Behavioral Health Related CAD From January To June 2017

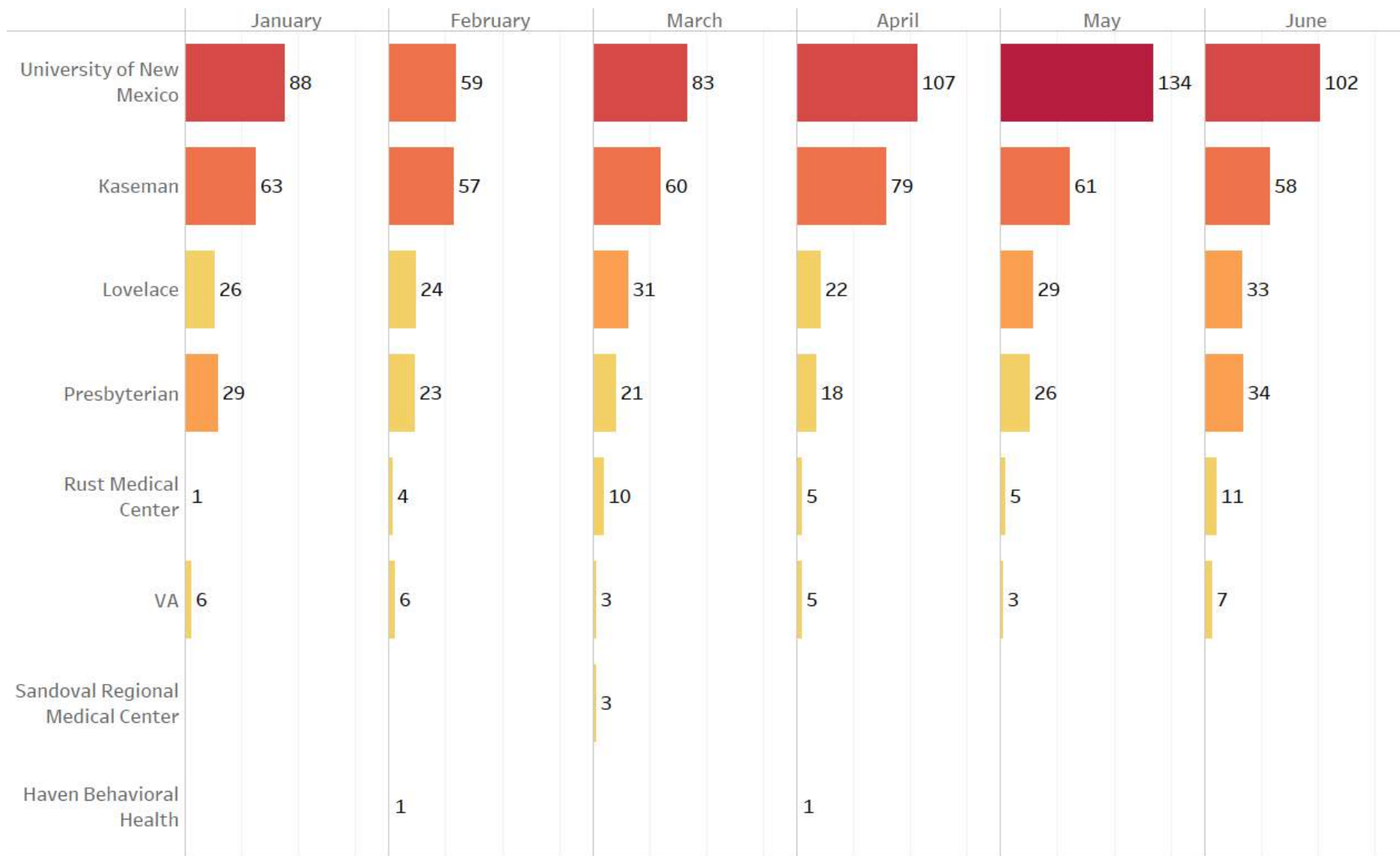


The Number And Percentage Of The Dispositions Of BH Related CAD From January To June 2017



How do we evaluate the impact of our relationships with mental health emergency services and other support services?

The Number Of BH Related CAD By Emergency Service From January To June 2017



Thoughts To Consider

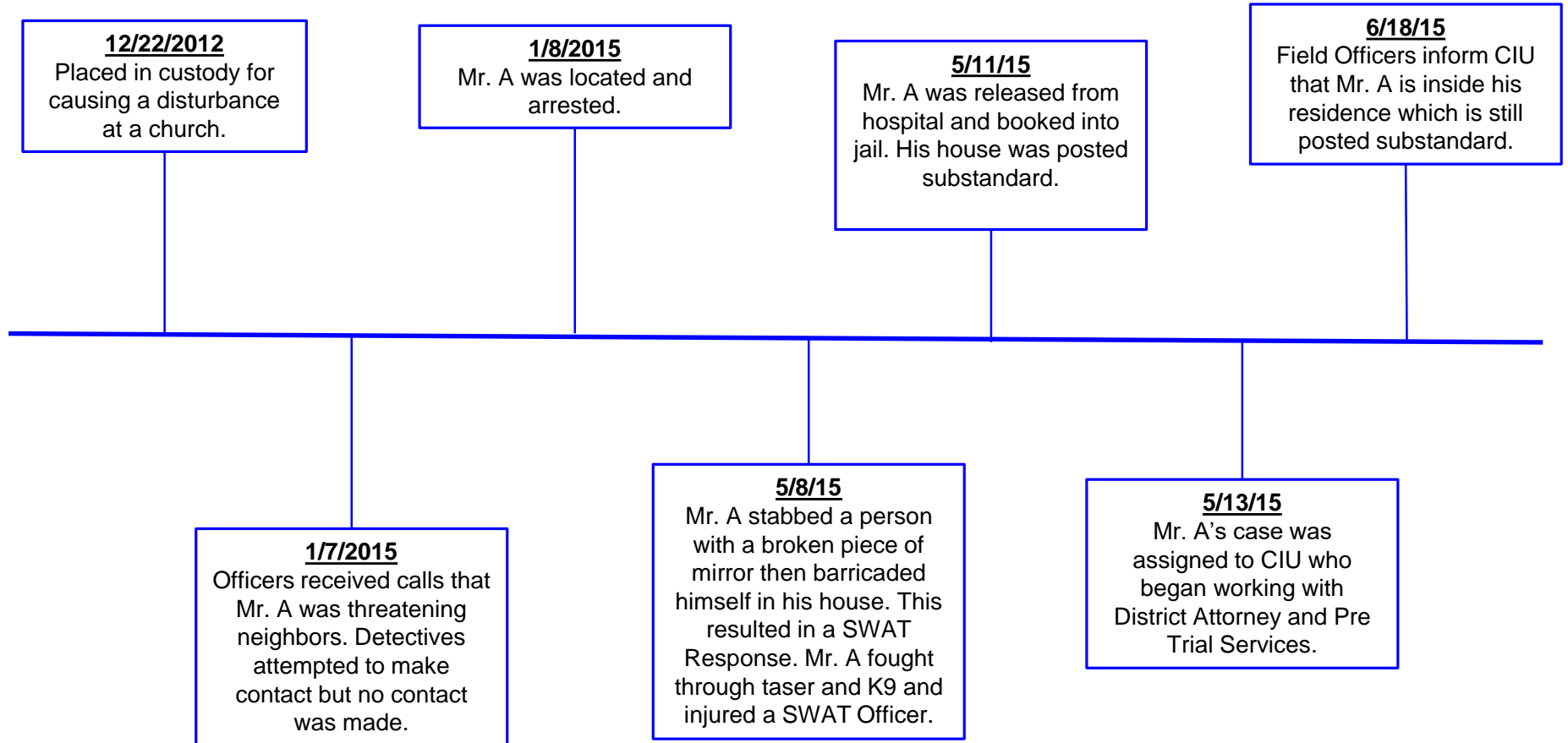
- CIU has built strong relationships with emergency room doctors.
- Hospitals are the most expensive option.
- Hospitals have limited resources.
- How do we track the individuals who repeatedly use emergency services and intervene in ways that are more effective?
- Jail diversion can sometimes be treatment diversion.
- The issues of behavior health and drug use.

How do we evaluate the impact of repeat encounters with the same individuals?

The Story Of Mr. A

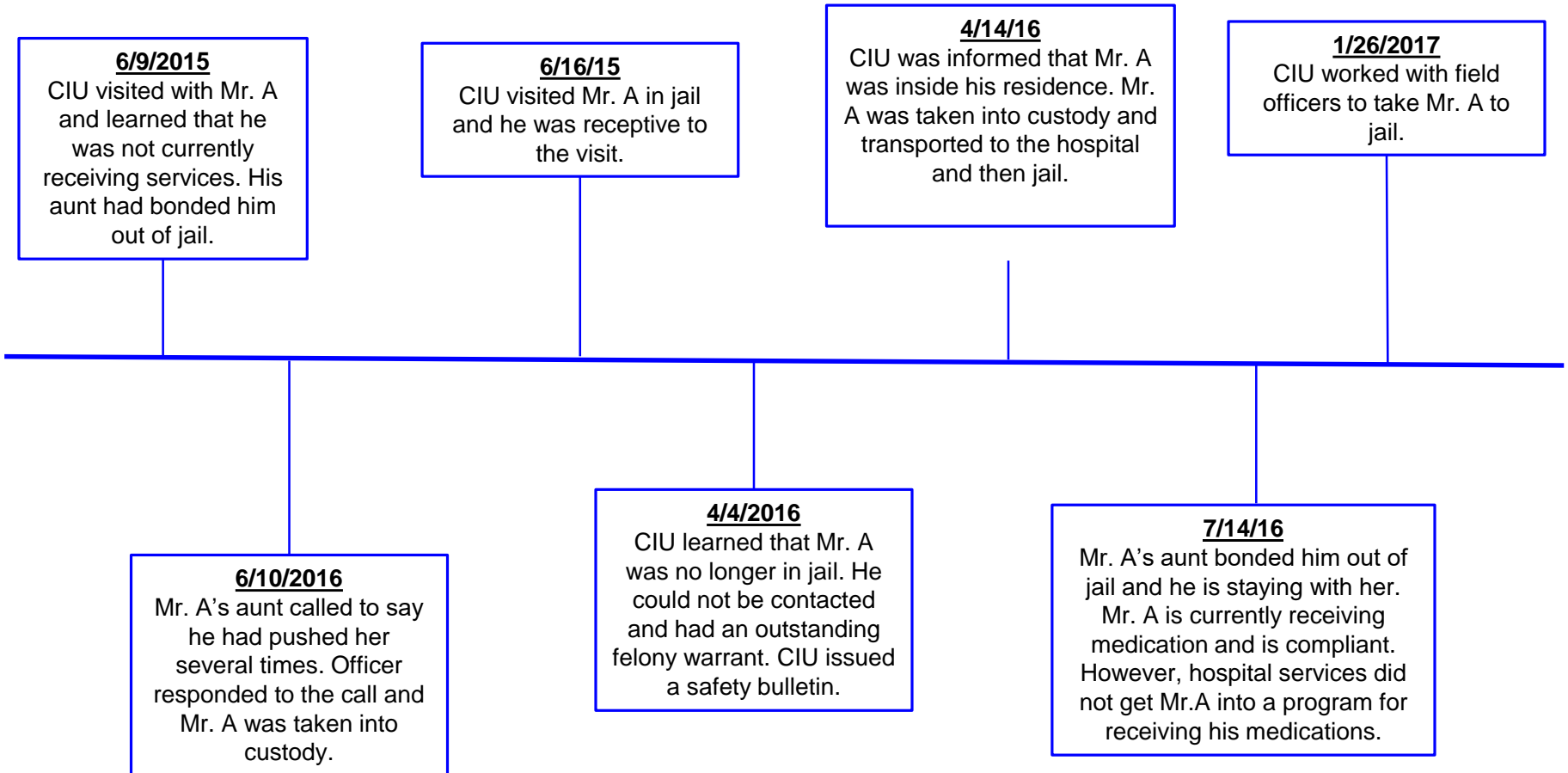
- Mr. A is in his mid-30's and living with schizophrenia and serious substance abuse.
- Mr. A has had several violent encounters with police.
- Mr. A has felony warrants including False Imprisonment, Battery upon a Household Member, Resisting and Evading An Officer, Aggravated Battery With A Deadly Weapon Resulting in Great Bodily Harm.
- Mr. A has a history of using methamphetamines and other narcotics.
- Mr. A has numerous documented contacts with police officers between 2012 and 2017.

Mr. A



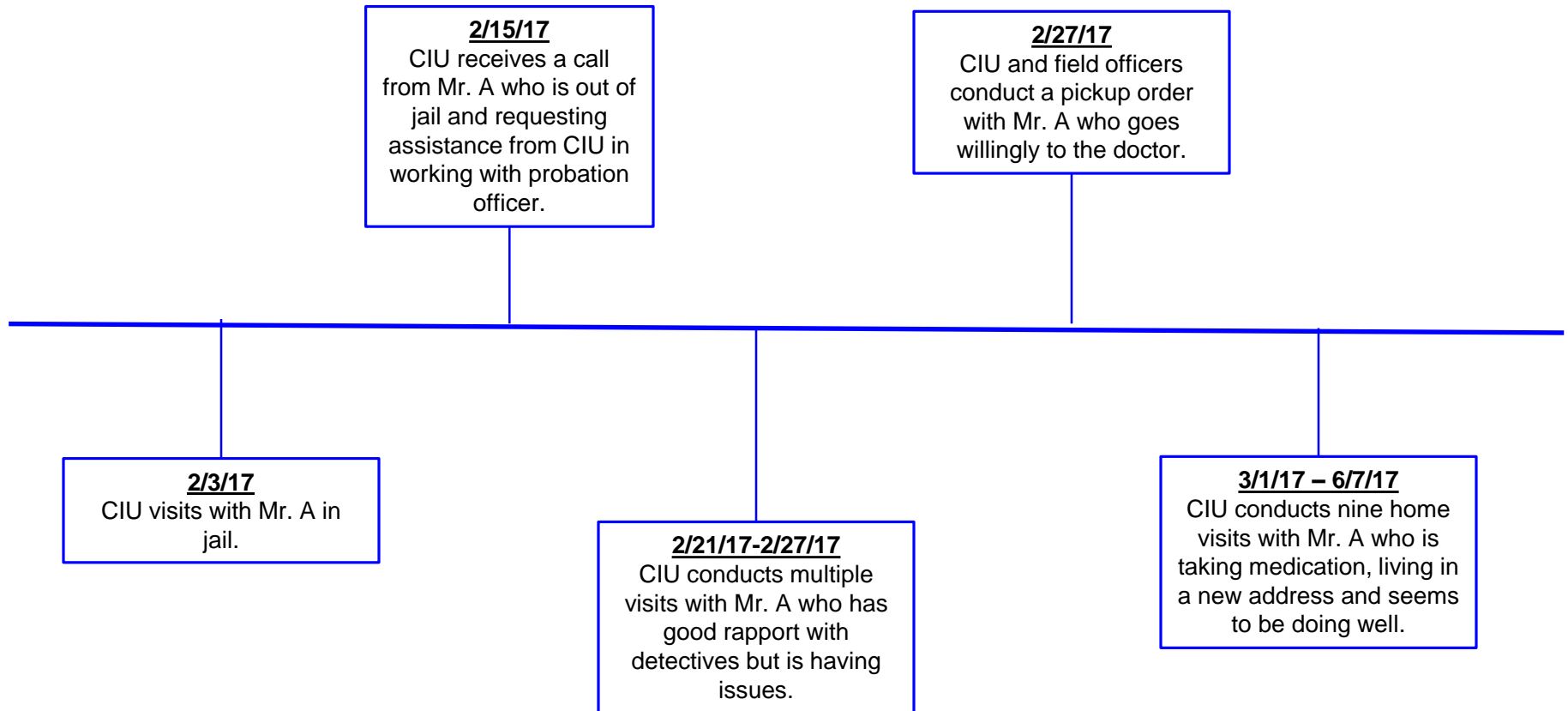
What Seems To Be Working And Not Working?

Mr. A (Continued)



What Seems To Be Working And Not Working?

Mr. A (Continued)



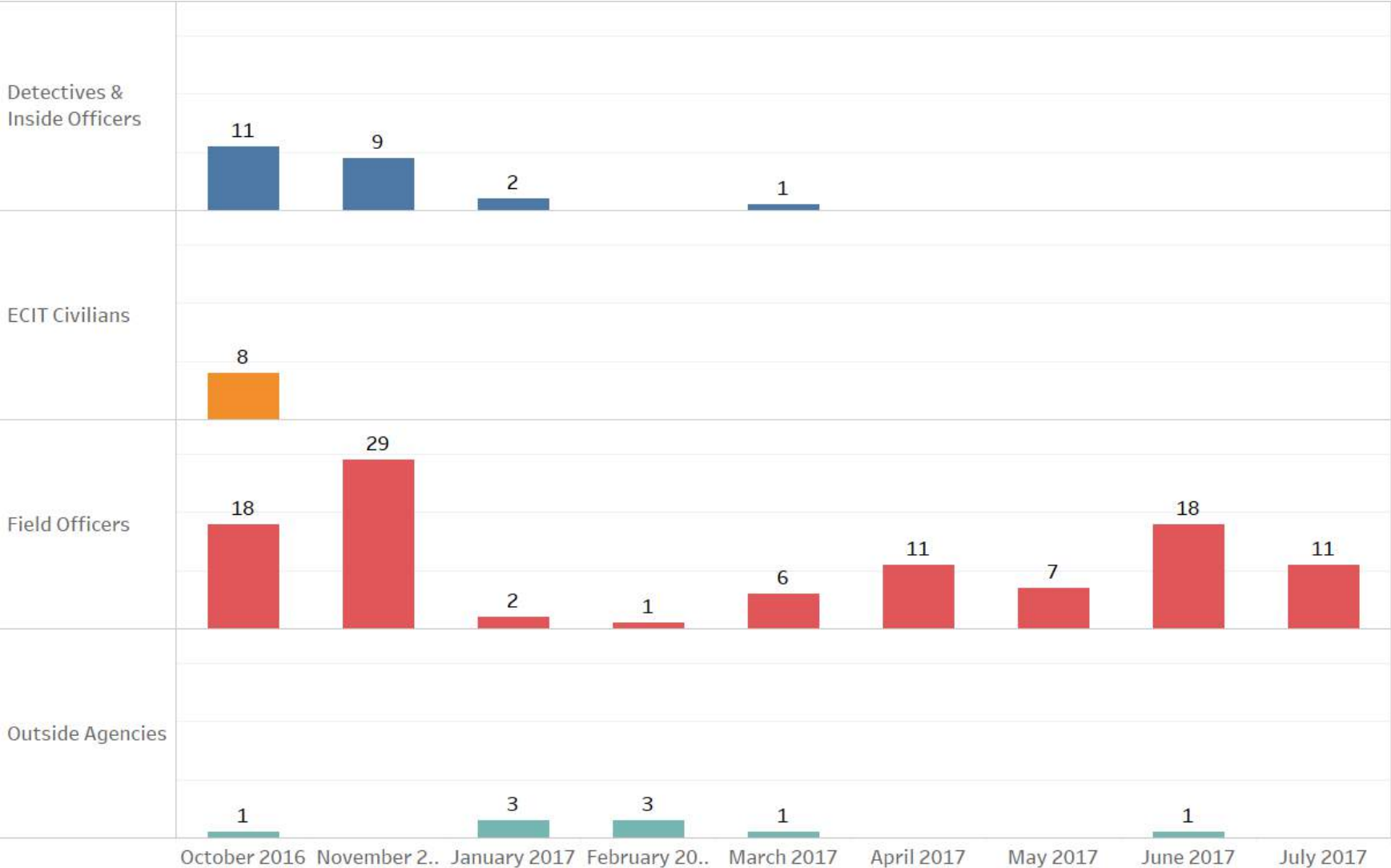
What Seems To Be Working And Not Working?

Thoughts To Consider

- The amount of time and effort that CIU detectives and clinicians put into building relationships with individuals is impressive.
- When possible, the importance of slowing down the interaction between individuals and officers.
- Helping individuals who face both drug addiction and mental health issues requires specialized systems of support.
- Every part of the behavioral health system has to be working in order to have a long term impact on individuals.
- Careful analysis of case studies is important both for the field and for individual agencies.

How do we evaluate the quality of the ECIT training for officers?

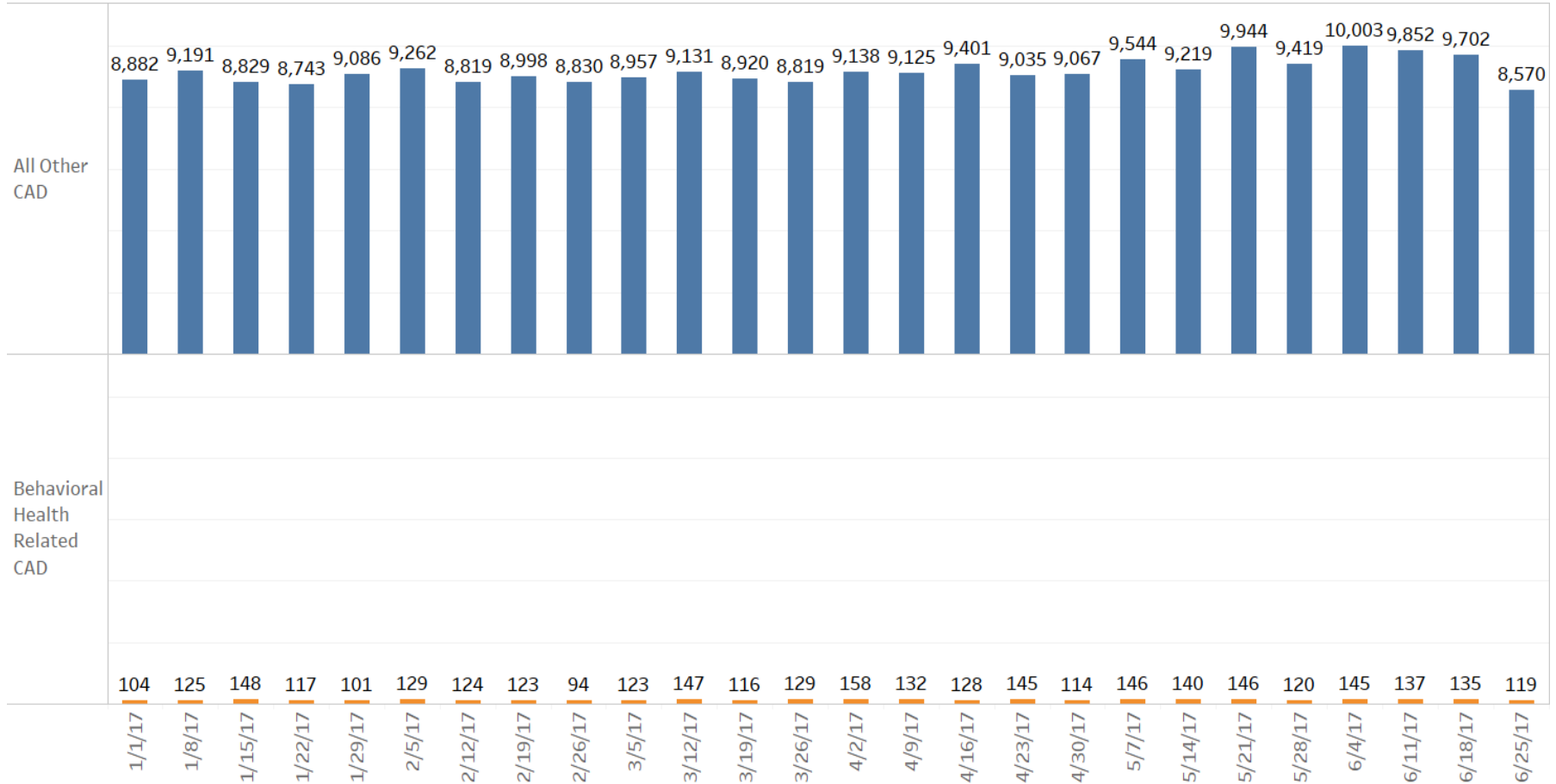
The Number Of Officers And Others Receiving ECIT Training From October 2016 To July 2017



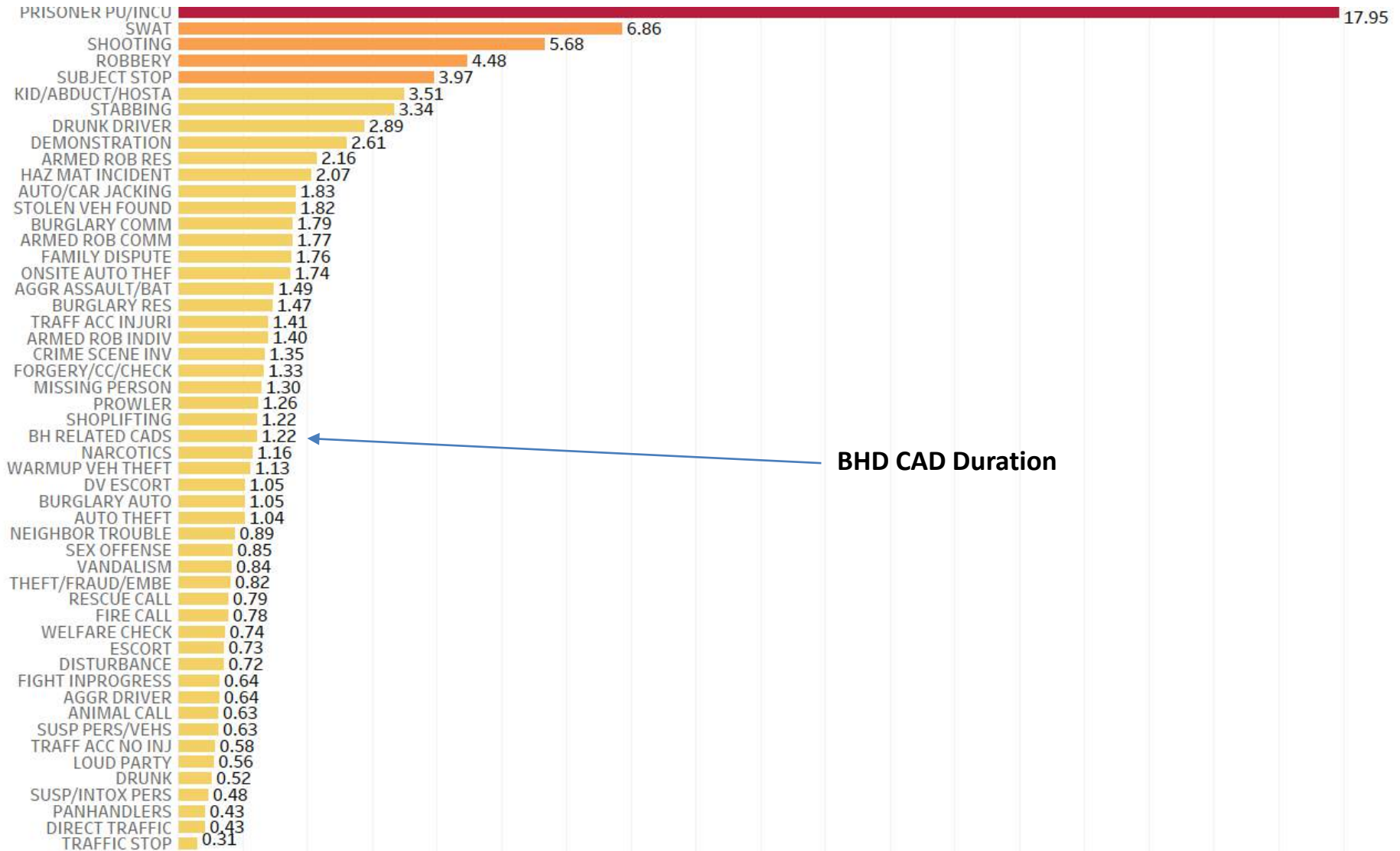
The Number And Percentage Of Behavioral Health Related CAD That Were Covered By Field Officers With ECIT Training From January 2017 To June 2017



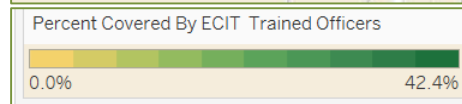
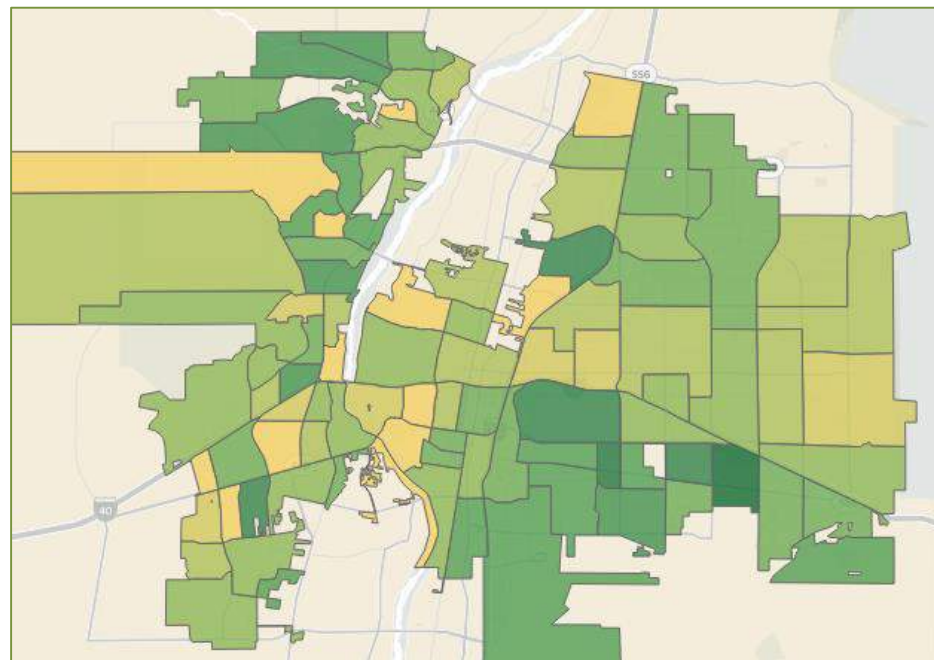
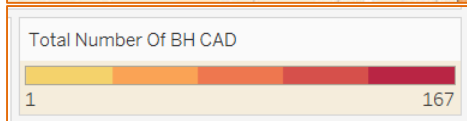
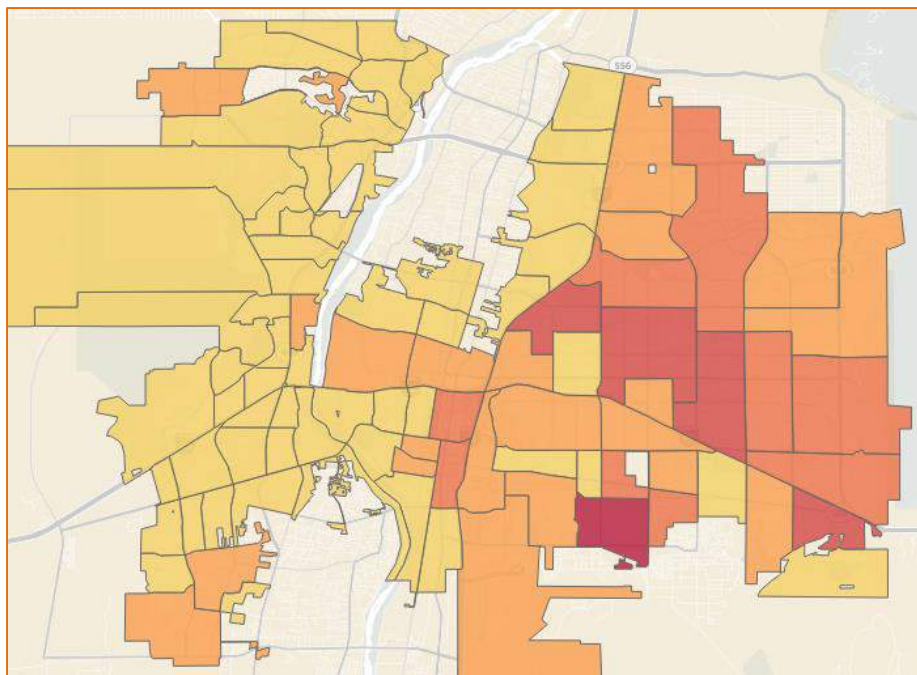
The Number Behavioral Health Related CAD Compared To Other CAD From January 2017 To June 2017



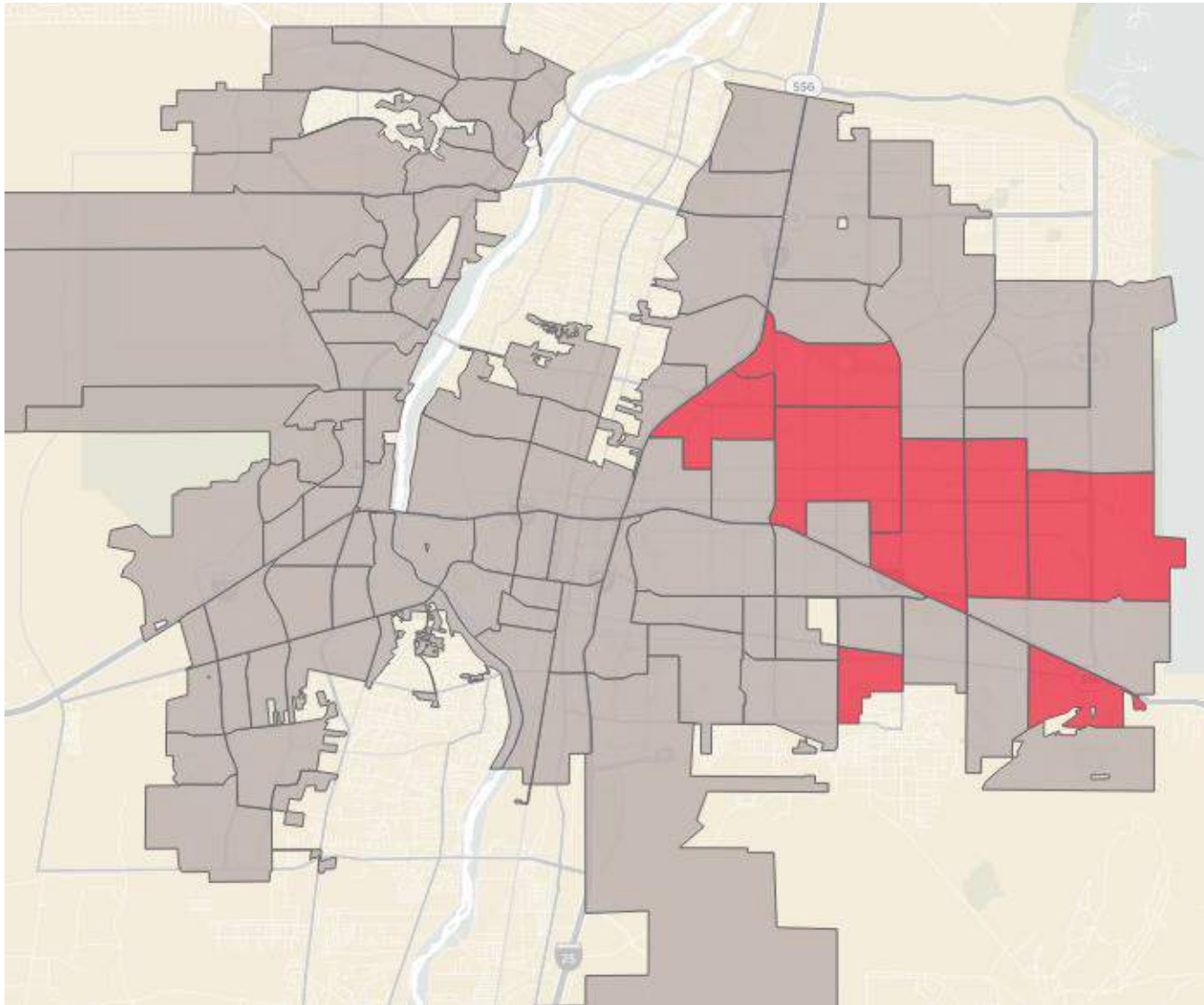
Duration For Selected CAD Calls, In Hours, From When The Officer Is Dispatched To The Time The CAD Is Closed



The Number Of Behavioral Health Related CAD By Beat And The Percent Of Those Calls That Were Covered By Field Officers With ECIT Training From January 2017 To June 2017



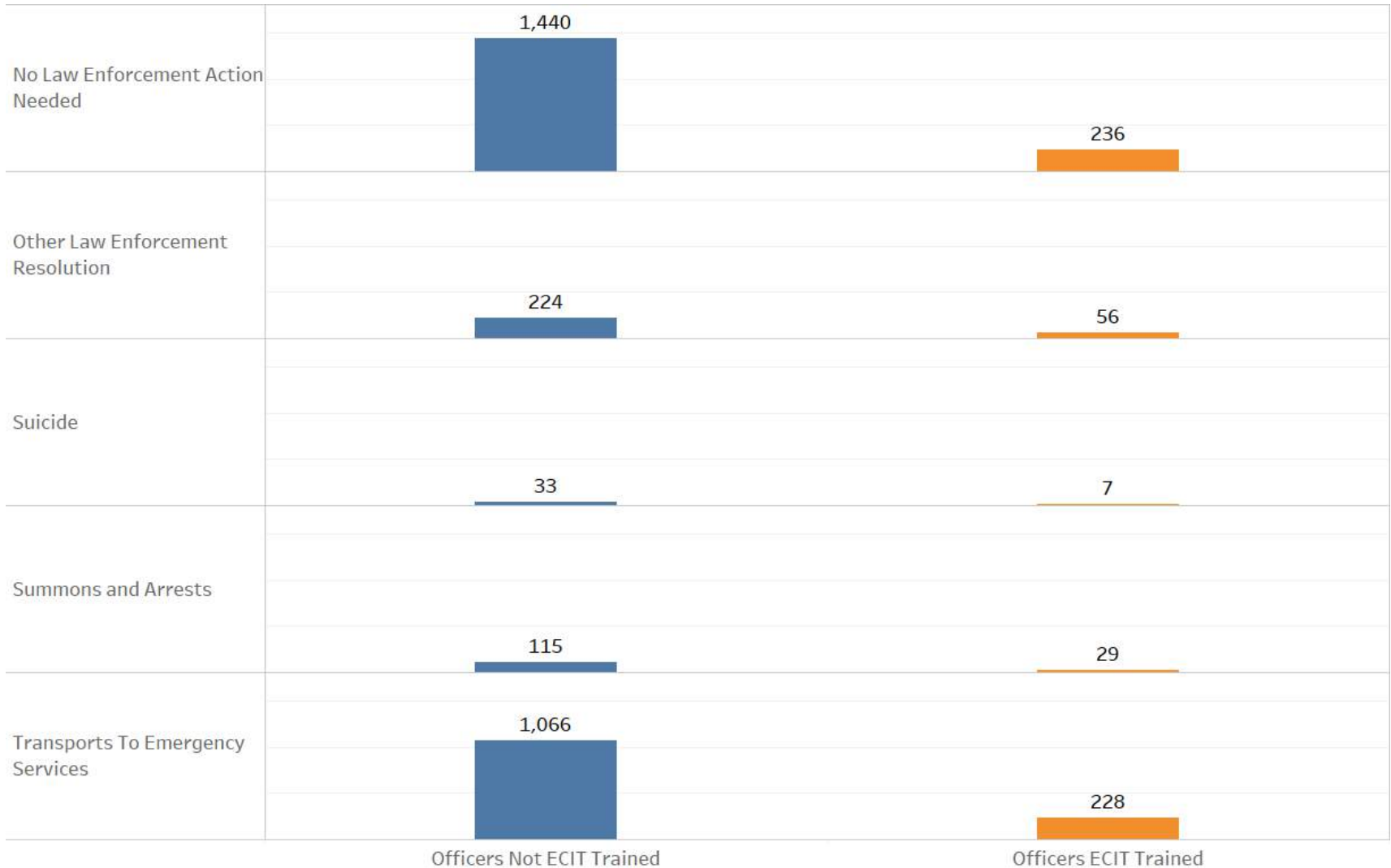
Beats With High Numbers Of Behavioral Health Related CADS And Low Percentages Of Those CADS Covered By Field Officers With ECIT Training From January 2017 To June 2017



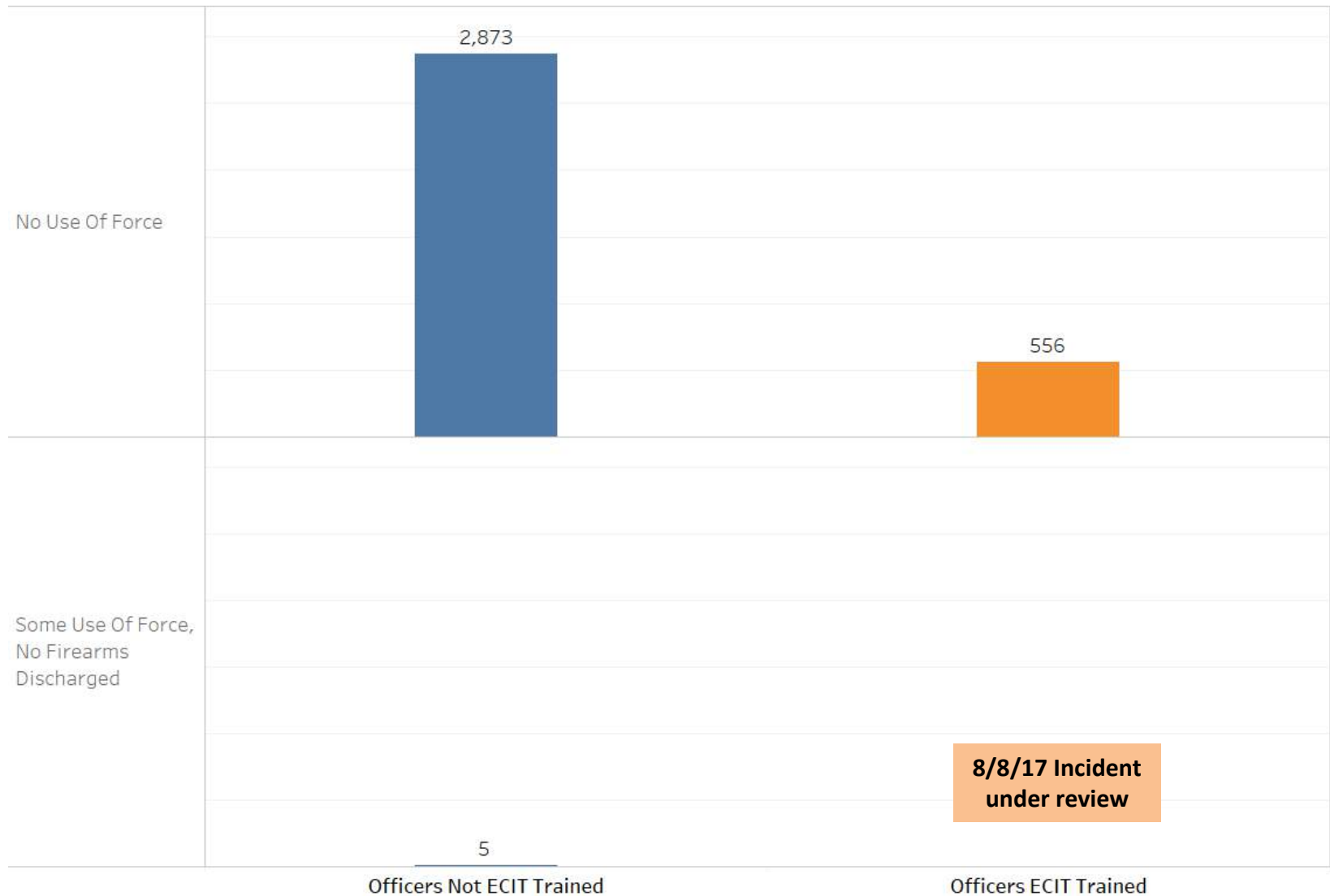
**How Might We Think
About How To Deploy
Our Limited Resources?**

Beat	Total BH CAD	Percent Covered By ECIT
413	130	10.0%
423	114	13.2%
422	107	10.3%
523	102	18.6%
532	95	5.3%
531	93	11.8%
336	83	18.1%
431	81	18.5%

The Disposition Of Behavioral Health Related CAD By ECIT Trained Field Officers And Non ECIT Trained Field Officers



Use Of Force In Behavioral Health Related CAD From January 1, 2017 To June 30, 2017 By Officer Who Were ECIT Trained Compared To Officers Who Were Not ECIT Trained



Thoughts To Consider

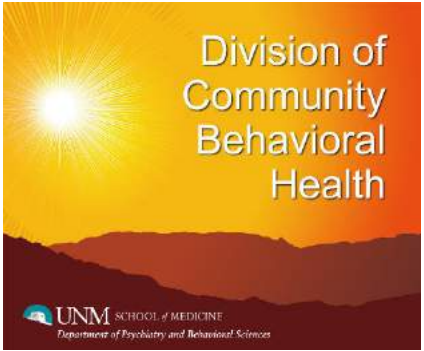
- **How Does APD Determine Which CIT Calls Need To Be Covered By ECIT?**
 - All CIT CADs including both original and final call type?
 - Determination by Emergency Communications 911 and Dispatch Operators?
 - By Priority, Location and History?
- **How Does APD Determine How Officers Are Deployed?**
 - By Shift?
 - By Area Command?
 - By Days?
- **When Do CIU Detectives Get Deployed?**
- **What Changes Need To Be Made To SOP and Telecommunicator Training?**
 - What is the process for an ECIT officer to be pulled from an active dispatch to a high priority CIT CAD?

How do we evaluate the impact of our partnerships with other law enforcement agencies, advocacy groups, and the community?

Some Of Our Partners



**Mental Health
Response Advisory
Committee**



**City Of Albuquerque Family
& Community Services**



How Partners Can Help Each Other Improve Their Effectiveness

HOUSE OFFICER AFFILIATION AGREEMENT

The Regents of the University of New Mexico, for its public operation known as the Health Sciences Center, specifically for the School of Medicine (the "University"), and Albuquerque Police Department, Crisis Intervention Unit (the "Institution"), agree:

RECITALS

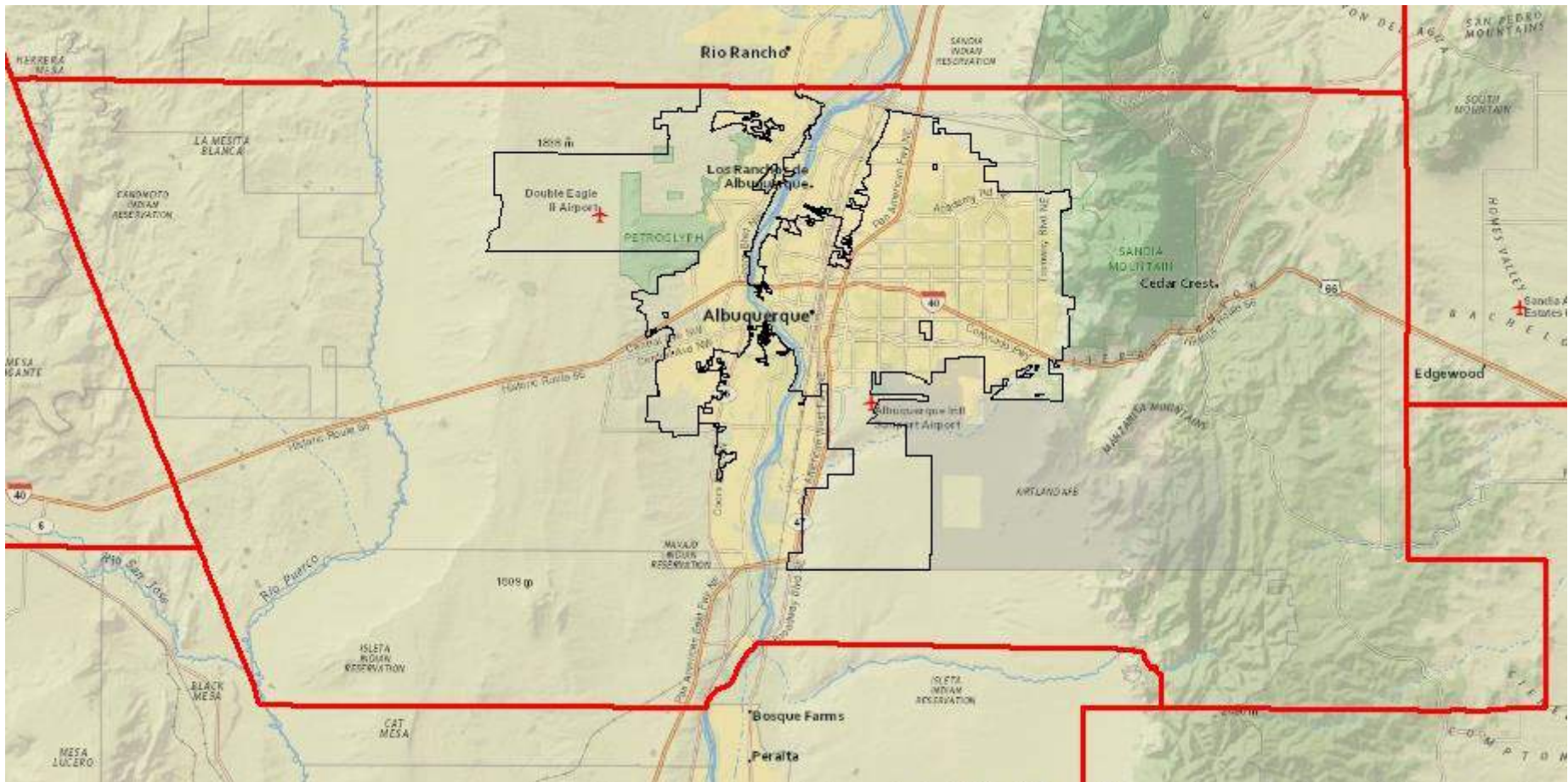
- A. The caseload at the Institution is adequate to provide an opportunity for University resident physicians ("House Officers") to obtain practical and didactic exposure to patient management under the supervision of the medical staff of the Institution.
- B. The purposes of this Agreement are:
 - 1. To establish a training and educational program for House Officers while on rotation at the Institution;
 - 2. To ensure a close working relationship between the University and the Institution;
 - 3. To benefit both the University and the Institution through provision of quality medical education and training by allowing participation by House Officers in the delivery of health care services by the medical staff of the Institution;
 - 4. To provide House Officers with opportunities to acquire specific skills and knowledge in designated specialty areas through experience in patient care delivery by qualified physicians; and
 - 5. To enable House Officers to become knowledgeable about operational aspects of various types of health delivery systems.

I. RESPONSIBILITIES OF THE INSTITUTION

- A. The Institution will:
 - 1. Accept for training the number of House Officers to be determined jointly by the Institution and the University.
 - 2. Make available its clinical and related facilities and its personnel to provide quality learning experiences for House Officers during their educational rotation at the Institution under the supervision of qualified Institution personnel.

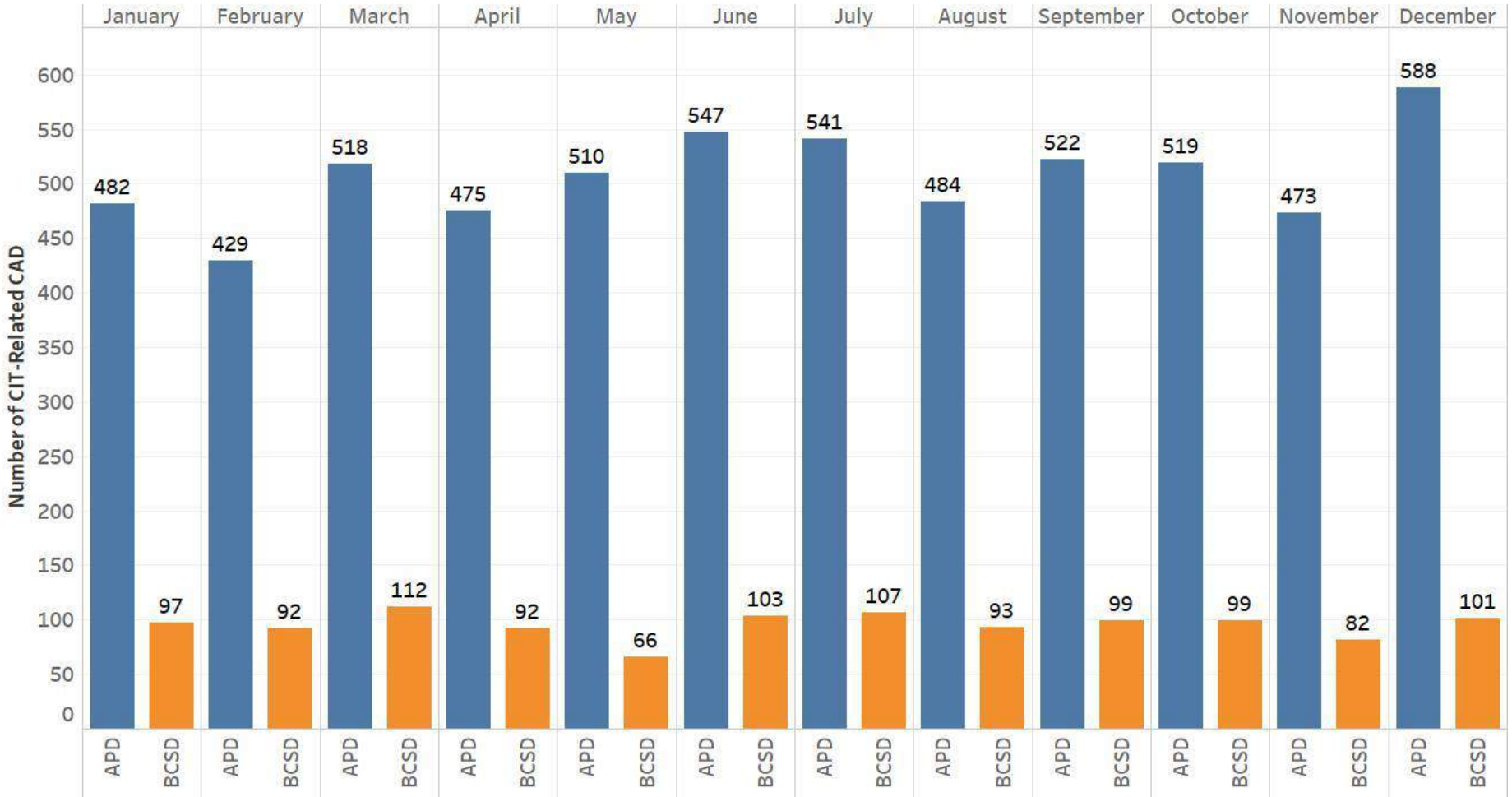
**APD And The University
Have Signed An Agreement
That Enables Resident
Physicians To Get
Education Credit When
Working With APD**

Bernalillo County and City Of Albuquerque Boundaries



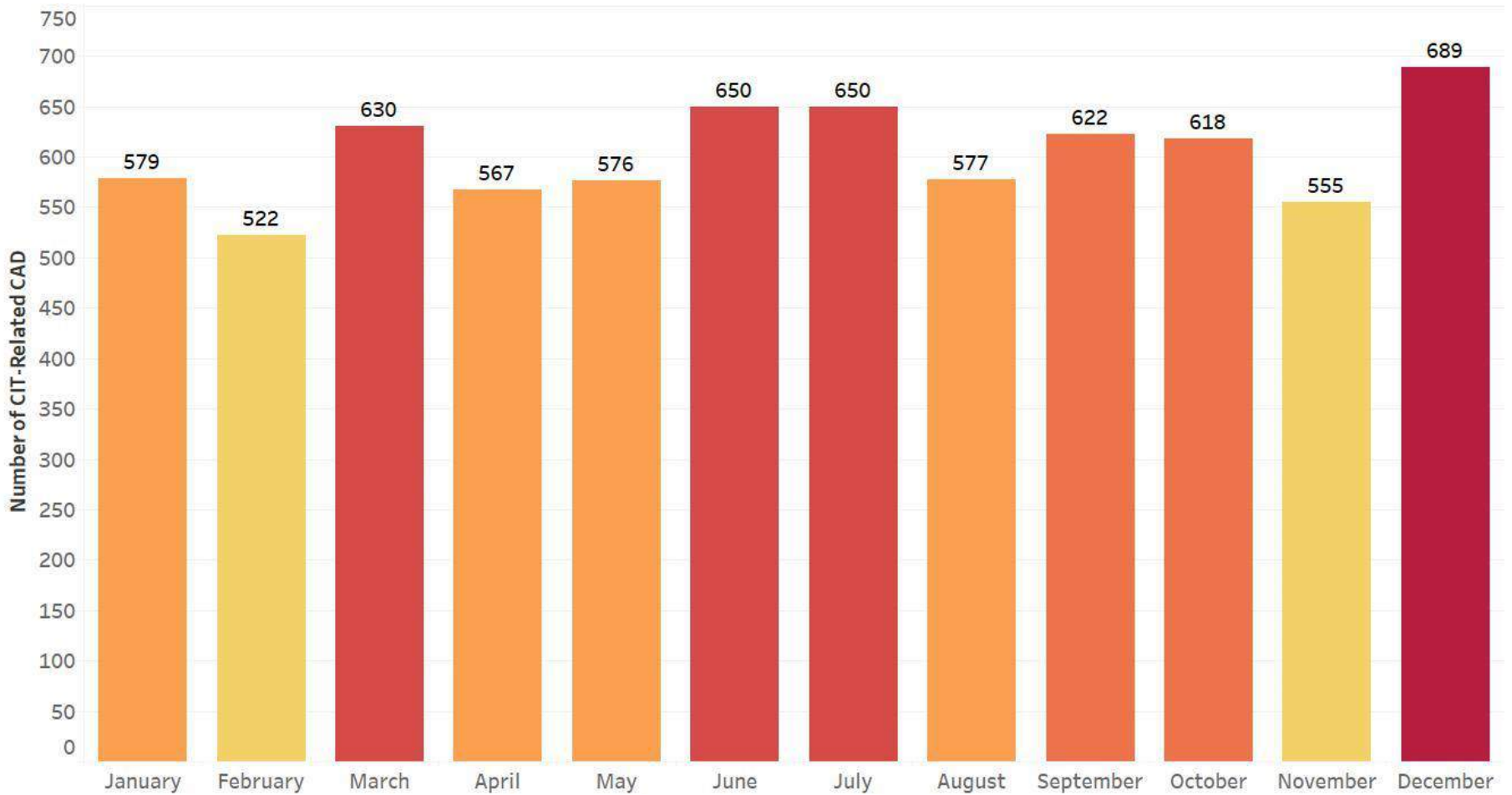
Source: <https://www.cabq.gov/gis/geographic-information-systems-data>

2016 CAD Calls For Albuquerque Police Department And Bernalillo County Sheriff's Department Priority 1 & 2 Calls By Month



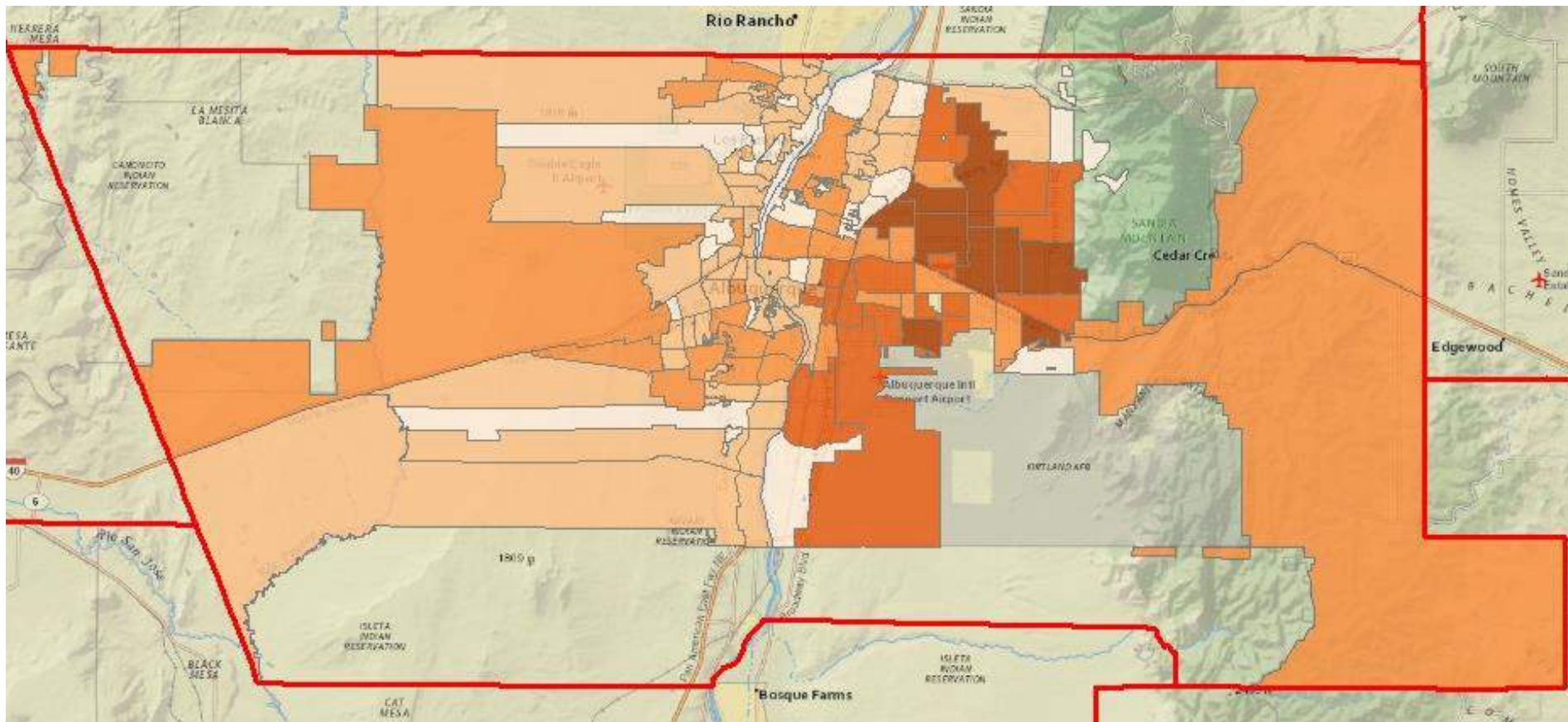
Sources: APD CIU 3.10.17; BCSD 3.28.17

Combined, APD And BCSD Responded To 7,235 Priority 1 & 2 CIT-Related CAD Calls In 2016



Sources: APD CIU 3.10.17; BCSD 3.28.17

2016 CIT-Related CAD Calls For APD And BCSD Combined By Beat Priority 1 & 2 Calls Only



3 - 19

20 - 42

43 - 83

84 - 145

146 - 291

Legend: Number OF CIT-Related CAD Calls Per Beat



COMMISSIONERS

Debbie O'Malley, Chair
District 1

Steven Michael Quezada, Vice Chair
District 2

Maggie Hart Stebbins, Member
District 3

Lonnie C. Talbert, Member
District 4

Wayne A. Johnson, Member
District 5

COUNTY MANAGER

Julie M. Baca

ELECTED OFFICIALS

Tanya R. Giddings
Assessor

Linda Stover
Clerk

Willow Misty Parks
Probate Judge

Manuel Gonzales
Sheriff

Nancy Bearce
Treasurer

County of Bernalillo

State of New Mexico

Procurement & Business Services Purchasing Section

One Civic Plaza, NW, 10th Floor
Albuquerque, New Mexico 87102
Office: (505) 468-7013 Fax: (505) 468-7067
www.bernco.gov/purchasing/

DATE: May 12, 2017
TO: All Prospective Offeror's
FROM: James Zamora, Purchasing Administrator, Purchasing Department
RE: Request for Proposal RFP 40-17-JZ
Behavioral Health Clinicians for Mobile Crisis Teams

Bernalillo County Purchasing Department is seeking competitive solicitations from Offerors for Behavioral Health Clinicians for Mobile Crisis Teams.

A Non-Mandatory, Pre-Proposal conference will be held on May 24, 2017, starting at 10 a.m. Mountain Daylight Time (MDT) at the Albuquerque/Bernalillo County Government Center, Bernalillo County, One Civic Plaza NW, 10th floor, Purchasing Conference Room C, Albuquerque, New Mexico, 87102.

For registered vendors, pertinent RFP documents, including the specifications and the proposed contract documents can be downloaded through the purchasing website at no cost. For firms not registered, interested parties are encouraged to register at no cost through the County's purchasing website, www.bernco.gov/purchasing. Vendors are also welcome to contact James Zamora, Purchasing Administrator/Procurement Manager at 505-468-7394, or by e-mail jzamora@bernco.gov, to request a hard copy document at a cost of 50 cents per page. This RFP is issued by the Purchasing Department in accordance with the provisions of Sections 13-1-103 through 13-1-110 NMSA 1978. The Purchasing Department is the only organization who is authorized to make copies or distribute this RFP on behalf of the County.

Sealed submittals for the referenced proposal must be addressed and delivered, no later than 4:00 p.m.MDT on June 16, 2017 at the Albuquerque/Bernalillo County Government Center, Bernalillo County, One Civic Plaza NW, Purchasing Department, 10h Floor, Room #10010, front desk, Albuquerque, New Mexico, 87102. Sealed submittals will be date and time stamped upon receipt. Delivery of proposals is the sole responsibility of the Offeror.

Request For Proposals For Behavioral Health Clinicians For Mobile Crisis Teams

The Crisis Intervention Team Knowledge Network ECHO

Topics

- Bipolar Disorder
- Veteran Information & Resources
- CIT Programs and Setup
- Drugs and their Effects
- Borderline Personality Disorder
- Common Drug Street Names
- Active Listening Skills
- Disability Rights and Advocacy
- Law Enforcement Suicide & Mental Health
- Perspectives of Psychotic and Manic Symptoms
- VA Justice Outreach
- Alcohol Withdrawal
- Medication Awareness
- NAMI, National Alliance on Mental Illness
- Schizophrenia
- Use of Data in CIT Programs
- Community Collaboration in CIT
- News Trends in Mental Health and Law Enforcement
- Assistant Outpatient Treatment
- Antisocial Personality Disorder
- Officer Self-care
- Attention Deficit Hyperactivity Disorder
- Verbal Defense and Influence
- Anxiety Disorders
- Drug Induced Intoxication
- Homelessness
- PTSD
- Verbal De-escalation
- Spree Killings
- Developmentally Disabled Waivers
- Mindfulness

Follow Us

 [fb.com/crisisinterventionteam](https://www.facebook.com/crisisinterventionteam)

 twitter.com/GoCITNM

Schedule

Every Tuesday 1:30pm - 3:00pm

Join from a computer, laptop, tablet or smart phone.

It's that easy!

Contact the Project Coordinator for more details,

Jennifer Earheart: jearheart@cabq.gov



 **PRESBYTERIAN**



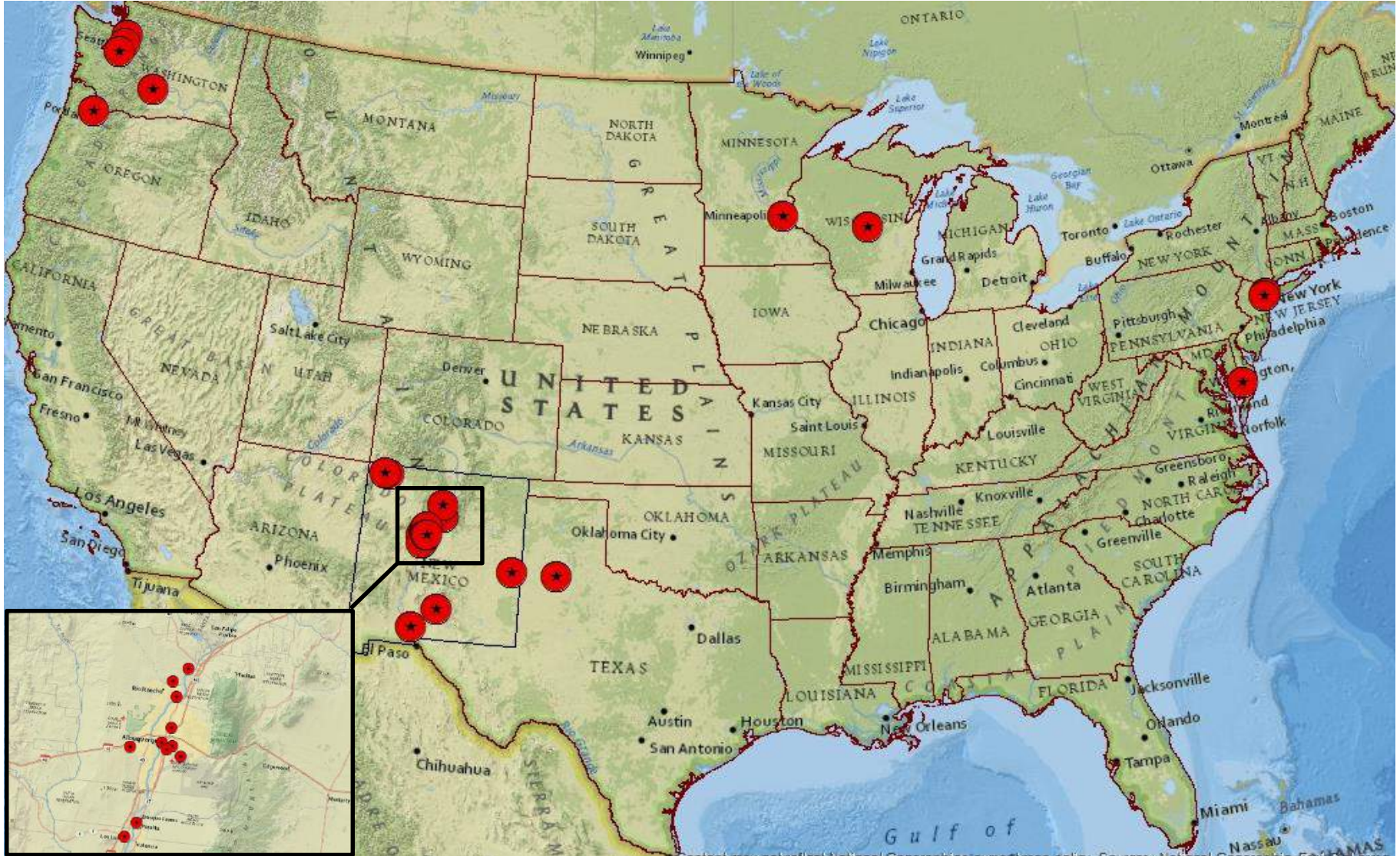
Visit www.goCIT.org to request your membership or email the Project Coordinator.

Jennifer Earheart: jearheart@cabq.gov

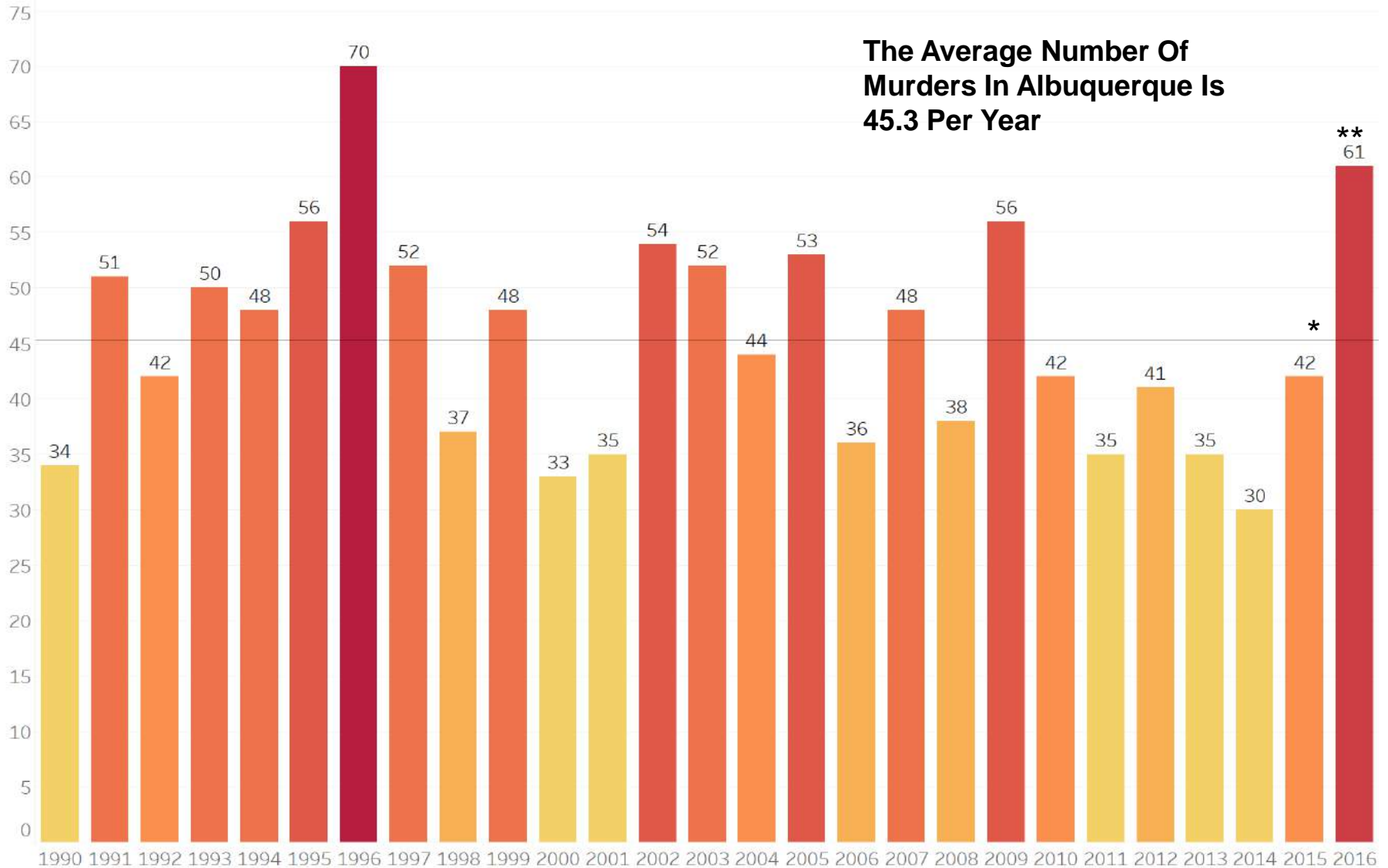
Visit www.goCIT.org for more information

Visit www.goCIT.org for more information

The Crisis Intervention Team Knowledge Network ECHO



The Number Of Murders In Albuquerque 1990 To 2016



* 2015 FBI UCR Murder Numbers Do Not Include 4 Negligent Homicides

** 2016 Murder Numbers Are Not Official UCR Yet

Recent Child Homicides In New Mexico

Victoria Martens - 2016



Nhi Nguyen - 2016



The Macarenas Children - 2016



Lilly Garcia - 2015



Ashlynne Mike - 2016



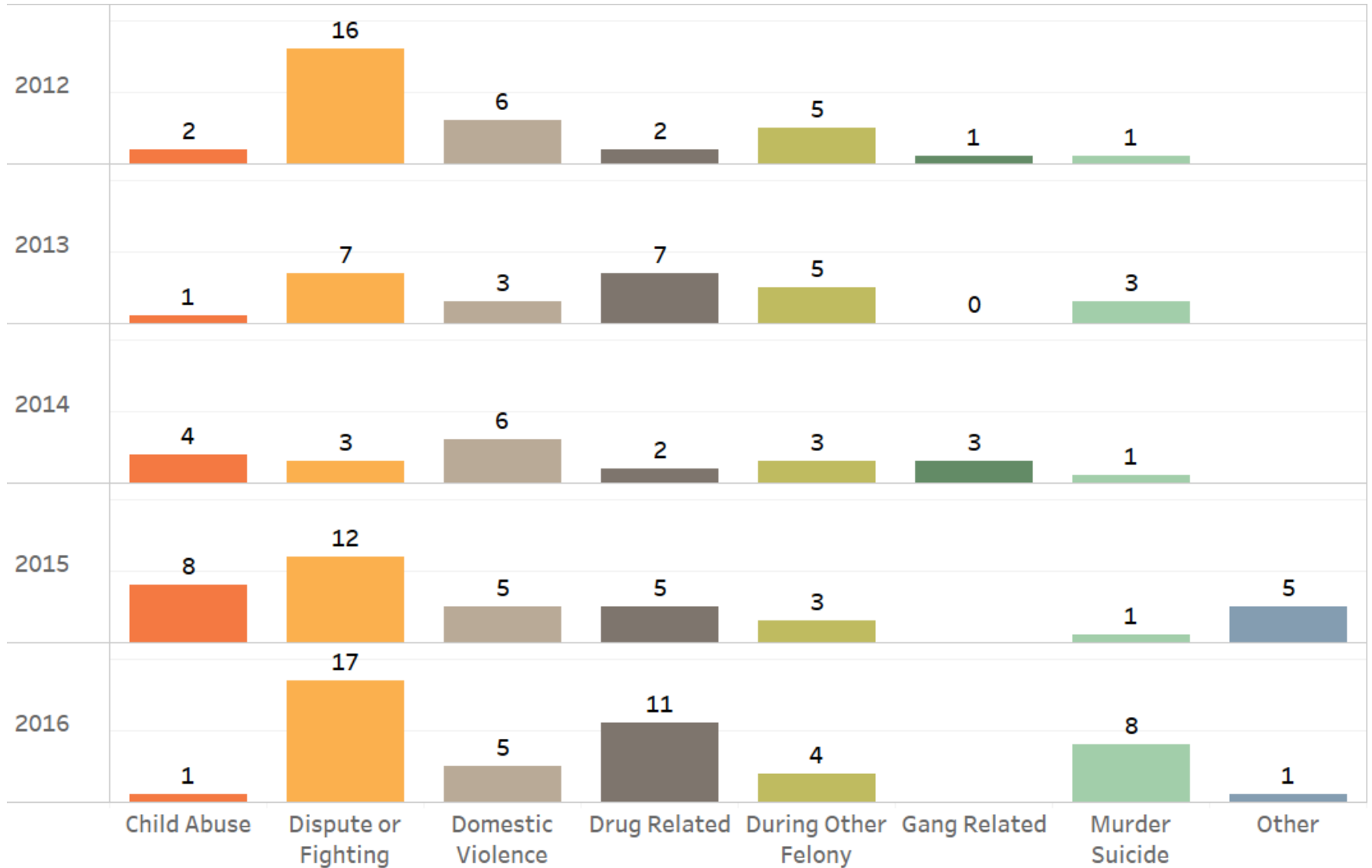
Villegas Mother & Children - 2016



Jayden Dayea - 2016



The Types Of Murders In Albuquerque 2012 To 2016



In Summary

The Issues We Face

- **A Rising Number Of Behavioral Health Issues**
- **A Rise In Crime**
- **A Lack Of Trust And Understanding**
- **Inadequate Systems Of Resources And Support**

The Resources We Have

- **Highly Trained Field Officers**
- **The CIU Detectives & Clinicians**
- **The Crisis Outreach And Support Team (COAST)**
- **Project ECHO & Other Partnerships**

Achievements We Have Made

New county tax bears first fruit

By **Marin Salazar** / Journal Staff Writer
Saturday, August 5th, 2017 at 11:42pm



A group of PBAJ preschoolers and their parents get ready for the first graduation ceremony (see photo). PBAJ is one of eight organizations sharing \$3 million a year for two years from Bernalillo County's behavioral health tax to combat adverse childhood experiences, such as abuse and neglect. Not all PBAJ students have experienced such traumas. (Marla Bross/Albuquerque Journal)

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HEALTH

ALBUQUERQUE JOURNAL | TUESDAY, JULY 11, 2017 | PAGE B5

APD, UNM praised for response to mentally ill

Initiative keeps the vulnerable out of jail

BY ROSALE RAYBURN
JOURNAL STAFF WRITER

A teamwork initiative between the Albuquerque Police Department and psychiatrists from the University of New Mexico has caught the attention of law enforcement agencies around the state and across the country.

The June issue of the prestigious American Journal of Psychiatry included an article about how the APD's Crisis Intervention Team and the

UNM Department of Psychiatry and Behavioral Sciences are working together. The goal is to help police officers better understand how to work with mentally ill people so they can de-escalate stressful situations, avoid sending them to jail and connect them with supportive services.

"I think the fact that the American Journal of Psychiatry took this article really talks about the importance that the American Psychiatric Association gives to the collaboration between law



Matthew Tinney
enforcement and psychiatry," said Dr. Micaela Tinney, professor and chairman of the UNM School of Medicine's Psychiatry and Behavioral Sciences department.



Dr. Nila Rosenbaum
Representatives from APD and UNM will soon be taking that message to two high-level law enforcement executives. They

will be giving presentations and leading the International Crisis Intervention Team Conference in Fort Lauderdale, Fla., in August and the International Association of Chiefs of Police conference in Philadelphia, Pa., in October.

The Crisis Intervention Team Knowledge Network (KITN), funded by a three-year \$550,000 grant through the Department of Justice, aims to give officers information on sending mentally ill people to jail by connecting them directly with UNM psychiatrists who can recommend treatment and appropriate services. An additional component provides training and services for social

workers and law enforcement agencies from anywhere in the country to connect by phone, computer or laptop to participate in free weekly video conferences with behavioral health experts. They cover topics like bipolar disorder, schizophrenia and custody disputes. Officers can also discuss complex cases and seek advice.

For example, a conference in late-July drew participation from nine different agencies, including Albuquerque, Rio Rancho and Los Alamos police departments, U.S. Probation and Parole, Midland's Sheriff's Office in Cambridge, Mass., and Wisconsin County

See APD B5

The New York Times

U.S.

Albuquerque, Revising Approach Toward the Homeless, Offers Them Jobs

By FERNANDA SANTOS DEC. 1, 2015

RELATED COVERAGE

- Thinking Outside the Box by Moving Into One. (DEC. 23, 2015)
- Surge in Homelessness Tests Wisconsin Capital's Welcoming Spirit. (MAY 21, 2015)

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City Hall Blog

County approves \$30M tax hike on party lines

By Dan McKay / Journal Staff Writer
Thursday, February 25th, 2015 at 11:42pm

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Tatum McIntyre says she begged police, at one point, to take her daughter back to the hospital.

It was the only way, she thought, to get her the treatment she needed for bipolar disorder.

Another mother, Deborah Barkoff, said she's not sure whether her adopted son – an addict who has attempted suicide – is dead or alive.

The Challenges Ahead

KRQE NEWS 13

LIVE / VIDEO NEWS WEATHER SPORTS TRAFFIC REPORT IT! ALWAYS ON FOX

New strategy aims to tackle Albuquerque's top property crime offenders

By Sabrina Escobar
Published May 16, 2017 1:00PM | Updated May 16, 2017 2:04PM

New strategy aims to tackle Albuquerque's top property crime offenders

SANTA FE NEW MEXICAN

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Advocates fear looming cuts to behavioral health services

By Justin Horvath
The New Mexican July 26, 2016

VIDEO NEWS HIGHLIGHTS

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Monitor slams APD use-of-force investigations

By Ryan Goeter / Journal Staff Writer
Published Tuesday, November 16, 2016 at 1:03pm
Updated Tuesday, November 16, 2016 at 10:54am

ALBUQUERQUE, N.M. — The independent monitor overseeing Albuquerque police reform says the APD team tasked with reviewing use-of-force cases essentially functions as a “rubber stamp” for officers involved.

While praising progress in some areas such as the SWAT unit, James Glaser, the independent monitor, wrote in the report filed Tuesday that there are problems with both use-of-force training and use-of-force investigations by APD.

He singled out the department’s Critical Incident Review Team and said that CIRT reports show investigators used “carefully worded excuses” that appear designed not to find fault with the officer’s actions.

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\$17M in new taxes; no mental health programs yet

By Dan McKay / Journal Staff Writer
Sunday, July 17th, 2016 at 12:05am

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Anyone living or doing business in Bernalillo County has paid a little extra in taxes over the last year – about \$20 million altogether – to launch a network of new services for people struggling with mental illness or addiction.

But the county hasn’t actually offered any new programs.

Some of the money is being spent anyway, but for a housing program that was in place before the tax increase – to move the County Commission approved to help address a budget shortfall this year.

The Washington Times HOME NEWS - OPINION - SPORTS - MARKET - SUBSCRIBE

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Albuquerque news crew has vehicle stolen while reporting on local crime wave

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SCY Sports Center, 6-Battery \$20 Day Now

ADD BY WIREIMAGE.COM

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By Lysee Mitri
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